



STATE OF MISSOURI
Division of Professional Registration

Missouri State Board of Chiropractic Examiners
3605 Missouri Boulevard
PO Box 672
Jefferson City MO 65101 Telephone 573/751-2104
Fax 57/3751-0735

**APPLICATION FOR CERTIFICATION – MERIDIAN
THERAPY/ACUPRESSURE/ACUPUNCTURE MTA**
This application must be printed in black ink

New Application _____
Reactivation _____

INSTRUCTIONS - If more room is needed for any item below, print information on separate sheet of paper and attach to application.

1. If applying for certification **please request the college or education provider to send verification of the 100 hours of training in acupuncture to the Board office.** chiropractic@pr.mo.gov
2. If applying for reinstatement, please submit a copy of documentation verifying twelve (12) hours of board approved continuing education.
3. **Submit the completed application and \$100 application/reactivation fee to the Board office.**

1. NAME (LAST, FIRST MIDDLE AND MAIDEN NAME/ <i>if applicable</i>)	SOCIAL SECURITY NUMBER (REQD)
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2. PRESENT ADDRESS

3. CITY, STATE, ZIP	TELEPHONE NUMBER
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4. ARE YOU CURRENTLY LICENSED TO PRACTICE CHIROPRACTIC IN MISSOURI?	LICENSE NUMBER
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5. LIST OTHER STATES WHERE YOU ARE CURRENTLY OR HAVE BEEN LICENSED?

6. HAVE YOU HAD ANY COMPLAINT(S) FILED AGAINST YOU IN ANY STATE? ____ YES ____ NO ((IF YES, PROVIDE EXPLANATION ON SEPARATE SHEET OF PAPER AND ATTACH TO APPLICATION.))

7. HAVE YOU EVER VOLUNTARILY SURRENDERED A LICENSE? ____ YES ____ NO (IF YES, PROVIDE EXPLANATION ON SEPARATE SHEET OF PAPER AND ATTACH TO APPLICATION)

8. HAVE YOU EVER BEEN THE SUBJECT OF DISCIPLINARY ACTION BY ANY BOARD OF CHIROPRACTIC? ____ YES ____ NO <i>(IF YES, PROVIDE EXPLANATION ON SEPARATE SHEET OF PAPER AND ATTACH TO APPLICATION)</i>
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9. HAVE YOU EVER BEEN ARRESTED, CHARGED, ENTERED A PLEA OF GUILTY OR NOLO CONTENDER, OR BEEN CONVICTED OF ANY CRIMINAL OFFENSE(S) IN MISSOURI, OR IN ANOTHER STATE, OR IN FEDERAL COURT (OTHER THAN MINOR TRAFFICE TICKETS)? ____ YES ____ NO <i>(IF YES, ON A SEPARATE PIECE OF PAPER PROVIDE EXPLANATION STATING DATE AND PLACE OF ARREST(S), CHARGE(S), PLEAS OR CONVICTION(S) AND THE NATURE OF SUCH OFFENSE(S))</i>

Missouri Statutes 565.060 – False Official Statements. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a Class B misdemeanor.	SIGNATURE OF APPLICANT _____ DATE _____
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