



Rules of Department of Commerce and Insurance

Division 2070—State Board of Chiropractic Examiners Chapter 2—General Rules

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**Title 20—DEPARTMENT OF
COMMERCE AND INSURANCE**

**Division 2070—State Board of
Chiropractic Examiners
Chapter 2—General Rules**

**20 CSR 2070-2.020 Diagnostic Procedures
and Instruments**
(Rescinded October 30, 2019)

AUTHORITY: section 331.010, RSMo 2000. This rule originally filed as 4 CSR 70-2.020. This version of rule filed Dec. 17, 1975, effective Dec. 27, 1975. Amended: Filed July 5, 1978, effective Oct. 13, 1978. Rescinded and readopted: Filed July 9, 1982, effective Nov. 11, 1982. Amended: Filed April 18, 1989, effective July 13, 1989. Amended: Filed July 31, 2003, effective Jan. 30, 2004. Moved to 20 CSR 2070-2.020, effective Aug. 28, 2006. Rescinded: Filed March 29, 2019, effective Oct. 30, 2019.

20 CSR 2070-2.025 Use of X-rays
(Rescinded October 30, 2019)

AUTHORITY: section 331.100.2, RSMo 1986. This rule originally filed as 4 CSR 70-2.025. Original rule filed April 16, 1990, effective June 30, 1990. Amended: Filed Feb. 4, 1991, effective July 8, 1991. Moved to 20 CSR 2070-2.025, effective Aug. 28, 2006. Rescinded: Filed March 29, 2019, effective Oct. 30, 2019.

**20 CSR 2070-2.030 Diagnostic and Adjunc-
tive Procedures**

PURPOSE: This rule outlines diagnostic and adjunctive procedures that may be used by chiropractic physicians.

(1) The board approves the use of those diagnostic procedures and instruments which are commonly taught by approved chiropractic colleges.

(2) Diagnostic procedures approved by the board include, but are not limited to, the following—

(A) Physical Examination:

1. Inspection, including the use of instrumentation such as an ophthalmoscope, otoscope, tongue-depressor, tape measure, thermometer, percussion hammer, pinwheel, sphygmomanometer, proctoscope, nervoscope, neurocalometer, neurodermagraph, electromyograph, heartometer, phonocardiograph, electrocardiograph, spirometer, vitalor,

visual acuity charts, weight measurement scales, dermathermagraph, vasculizer, and routine orthopedic and neurologic procedures;

2. Palpation; or

3. Auscultation, including the use of a stethoscope, tuning forks, audiograph, and phonocardiograph.

(B) Diagnostic imaging:

1. Motionless diagnostic X-ray study;

2. Fluoroscopy;

3. Cineradiography;

4. Magnetic Resonance Imaging (MRI);

5. Computerized Tomography (CT SCAN);

6. Ultrasound; or

7. Magnetic Resonance Angiogram (MRA).

(C) Clinical laboratory tests:

1. Blood specimen;

2. Urine specimen;

3. Fecal specimen;

4. Sputum specimen;

5. Hair specimen; or

6. Mucosal specimen.

(D) Muscle testing with strength and endurance curves during isometric or isokinetic exercise.

(3) Those adjunctive chiropractic procedures presently approved by the board include, but are not limited to:

(A) Heat and heat-producing devices;

(B) Ice and cooling packs;

(C) Extension therapy; or

(D) Therapeutic exercise, muscle therapy, reflex techniques, and postural and structural supports.

(4) In order to avoid overutilization of ionizing radiation, a chiropractic physician shall observe the following guidelines:

(A) Routine radiography of any patient shall not be performed without due regard for clinical need; and

(B) Repeat radiographic evaluation of the patient shall not be undertaken without clinical indication, as determined by the treating chiropractic physician.

(5) The licensee shall comply with all applicable state and federal requirements concerning any registration or maintenance of X-ray equipment.

AUTHORITY: section 331.010, RSMo 2016. This rule originally filed as 4 CSR 70-2.030. This version of rule filed Dec. 17, 1975, effective Dec. 27, 1975. Amended: Filed July 5, 1978, effective Oct. 13, 1978. Rescinded and readopted: Filed July 9, 1982, effective Nov. 11, 1982. Amended: Filed July 31, 2003, effective Jan. 30, 2004. Moved to 20 CSR 2070-2.030, effective Aug. 28, 2006.*

Amended: Filed March 29, 2019, effective Oct. 30, 2019.

**Original authority: 331.010, RSMo 1939, amended 1969, 1982, 1995, 2007.*

**20 CSR 2070-2.031 Meridian Therapy/
Acupressure/Acupuncture**

PURPOSE: This rule sets out the acceptable qualifications, procedures, and continuing education requirements for the use of meridian therapy/acupressure/acupuncture (in this rule Meridian Therapy) by Missouri licensed chiropractors.

(1) For the purpose of the rules meridian therapy includes meridian therapy, acupressure, and acupuncture as set forth in section 331.030.8, RSMo.

(2) An applicant for certification in meridian therapy shall submit the following to the board:

(A) An application for certification accompanied by the required fee, pursuant to 20 CSR 2070-2.090(1);

(B) An official transcript or certificate of completion documenting a minimum of one hundred (100) hours of credit of undergraduate or postgraduate study or a combination of each in the use and administration of meridian therapy. The hours of education in meridian therapy shall be approved by the board or from a chiropractic college accredited by the Commission on Accreditation of the Council of Chiropractic Education. For the purpose of this rule, the one hundred (100) hours of study in meridian therapy shall not be offered electronically to include via the internet, webinars, or similar delivery methods and shall not include dry needling; and

(C) Official examination results documenting passing one (1) of the following examinations:

1. National Board of Chiropractic Examiners (NBCE);

2. American Board of Chiropractic Acupuncture (ABCA); or

3. National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM).

(3) The board adopts the passing score established by NBCE, ACBA, or NCCAOM as the passing score for Missouri applicants.

(4) An applicant for certification in meridian therapy shall comply with the examination provider's rules for test administration related to applicant conduct and shall authorize the examination provider to submit the results



to the board, along with any information relating to any adverse incident(s) involving the applicant during the course of the examination. Any cost associated with reporting examination results to the board shall be the applicant's responsibility.

(5) Any licensee certified in meridian therapy shall follow universal precautions as defined by the United States Department of Labor's Occupational Safety and Health Administration ("OSHA") (Bloodborne Pathogens Standard 29 CFR 1910. 1.030(B) relating to infection control with respect to certain human body fluids as if they were known to be infections for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), or other blood borne pathogens, and the most current version of the Clean Needle Technique (CNT) manual as published by the Council of Colleges of Acupuncture and Oriental Medicine®.

(6) A licensee certified in meridian therapy shall use only disposable acupuncture needles and shall dispose of such needles in compliance with established standards for biohazardous waste.

(7) The acupuncture certification shall be renewed at the time of licensure renewal. The licensee shall obtain twelve (12) hours of board approved continuing education in meridian therapy prior to the expiration date of the license. The twelve (12) hours of continuing education in meridian therapy shall apply to the twenty-four (24) hours of formal continuing education required to maintain the chiropractic license and shall not include dry needling.

(8) An expired certification in meridian therapy can be reinstated up to five (5) years from the expiration date by submitting an application and required fee pursuant to 20 CSR 2070-2.090(1) along with proof of completing twelve (12) hours of board approved continuing education in meridian therapy which shall be completed prior to submitting the reinstatement application.

(9) A certification in meridian therapy expired for more than five (5) years from the expiration date of the certification can be reinstated by submitting an application for certification, required fee pursuant to 20 CSR 2070-2.090(1), and documenting completion of a minimum of one hundred (100) hours of credit of postgraduate study in the use and administration of meridian therapy. The hours of education in meridian therapy shall be either hours which are approved by the board

or hours which are obtained from a chiropractic college accredited by the Commission on Accreditation of the Council of Chiropractic Education. Hours for reinstatement of the certification in meridian therapy cannot be the same one hundred (100) hours used for original certification.

AUTHORITY: sections 331.010, 331.050.1, and 331.100.2, RSMo 2016, and sections 331.030.5 and .8, RSMo Supp. 2018. This rule originally filed as 4 CSR 70-2.031. Original rule filed Jan. 5, 1987, effective April 11, 1987. Amended: Filed March 4, 1994, effective Aug. 8, 1994. Amended: Filed April 14, 2000, effective Oct. 30, 2000. Amended: Filed April 1, 2004, effective Sept. 30, 2004. Moved to 20 CSR 2070-2.031, effective Aug. 28, 2006. Amended: Filed Aug. 15, 2008, effective Feb. 28, 2009. Amended: Filed Aug. 27, 2009, effective Feb. 28, 2010. Rescinded and readopted: Filed March 29, 2019, effective Oct. 30, 2019.*

**Original authority: 331.010, RSMo 1939, amended 1969, 1982, 1995, 2004, 2007; 331.030, RSMo 1939, amended 1945, 1947, 1949, 1969, 1981, 1988, 1993, 1995, 1997, 2007, 2018; 331.050, RSMo 1939, amended 1945, 1947, 1969, 1981, 1987, 1999, 2001, 2004; and 331.100.2, RSMo 1939, amended 1949, 1969, 1980, 1981, 2008, 2013.*

20 CSR 2070-2.032 Specialty Certification

PURPOSE: This rule outlines the requirements for applying to the board for recognition of a specialty to include documentation required and information reviewed by the board in determining whether a practice area is a specialty.

(1) Any person or entity may submit an application to the board seeking recognition of a specialty area as authorized by section 331.030.9, RSMo.

(A) For the purpose of this regulation a specialty shall consist of advanced education and/or training to be proficient in an area of practice and shall not include a technique of manipulation or treatment.

(2) An application for recognition of a specialty area shall be submitted on a form provided by the board accompanied by the required fee as defined in 20 CSR 2070-2.090 with the following documentation:

(A) Name and description of the specialty certification area;

(B) Conditions and/or disorders to which the specialty area is directed;

(C) Proof of acceptance of the specialty area by the chiropractic profession to include safety and efficacy of the specialty area.

1. For the purpose of this regulation the

board will consider articles from scholarly journals, treatises, textbooks used by board-approved Council of Chiropractic Education (CCE) colleges of chiropractic, syllabi and/or curriculum materials used in education and training in the specialty area, and scholarly studies or research;

(D) Education and/or training requirements including how and where education may be obtained and whether education and/or training is provided from a postgraduate board-approved CCE chiropractic college;

(E) A statement describing why the specialty area does not exceed the scope of practice as defined in section 331.010, RSMo;

(F) Any examination or residency required; and

(G) Hours of continuing education to maintain the certification.

(3) The board will review an application for recognition of a specialty area and required documentation to determine compliance with the following factors:

(A) Whether the certification is for a specialty area, or for a technique;

(B) Whether the specialty area is within the scope of practice of chiropractic as defined in section 331.010, RSMo;

(C) Whether the specialty area is safe for its intended purpose(s);

(D) Whether there are sufficient sources of accredited core and postgraduate education at board-approved CCE colleges of chiropractic; and

(E) Whether recognition of a specialty area will create potential public confusion in the event the specialty area is already being commonly utilized by licensees.

(4) The applicant shall be responsible for providing documentation and have the burden of demonstrating that the specialty area should be recognized by the board. A final determination of whether an area will be recognized as a specialty is within the sole discretion of the board.

(5) Upon approval of a specialty area, the board shall promulgate a regulation establishing the minimum initial and continuing education requirements, application fee, and documentation required for verification of compliance with all educational requirements.

(6) Licensees receiving board-approved specialty certification are entitled to use the terms "specialty" or "specializing in" on advertisements, letterhead, and signage. The specialty certification shall be preceded by the licensee's name and by one (1) of the following:



- (A) D.C.;
- (B) Chiropractor;
- (C) Doctor of Chiropractic; or
- (D) Chiropractic Physician.

(7) Licensees shall be prohibited from using any term in any advertisement, letterhead, solicitation, or signage stating or suggesting that the licensee is certified in any specialty area, unless the board has approved the specialty area for certification and the licensee has met all requirements for certification thereunder.

AUTHORITY: section 331.030.9, RSMo Supp. 2018. This rule originally filed as 4 CSR 70-2.032. Original rule filed April 1, 2005, effective Oct. 30, 2005. Moved to 20 CSR 2070-2.032, effective Aug. 28, 2006. Amended: Filed June 27, 2007, effective Jan. 30, 2008. Amended: Filed March 29, 2019, effective Oct. 30, 2019.*

**Original authority: 331.030, RSMo 1939, amended 1945, 1947, 1949, 1969, 1981, 1988, 1993, 1995, 1997, 2004, 2007, 2018.*

20 CSR 2070-2.033 Manipulation Under Anesthesia

PURPOSE: This rule is to advise chiropractic physicians when they may perform manipulation under anesthesia.

(1) The Missouri State Board of Chiropractic Examiners places the following restrictions on chiropractic physicians who engage in the practice of chiropractic while the consumer of the chiropractic service is under anesthesia.

(2) A chiropractic physician may not engage in the practice of chiropractic while the consumer of the chiropractic service is under anesthesia, unless:

(A) The manipulation under anesthesia (MUA) is performed at a facility that is licensed by the Missouri Department of Health—Bureau of Hospital Licensing and Certification and approved by one (1) of the following: Joint Commission on Accreditation of Healthcare Organizations (JCAHO), American Osteopathic Association (AOA), Accreditation Association of Ambulatory Health Care (AAAHC), or Medicare; and

(B) The anesthetic, sedative, or other drug is administered to the consumer by a licensed medical doctor or doctor of osteopathy who is a board-eligible or board-certified anesthesiologist or under the direct supervision of that professional; and

(C) The chiropractic physician has com-

pleted a certification course in MUA of not less than twenty-four (24) didactic academic hours and completed six (6) proctored MUA procedures as part of the certification course. The MUA certification course must be sponsored by a chiropractic college accredited by the Council of Chiropractic Education (CCE); and

(D) The chiropractic physician follows the appropriate protocol as adopted by rule by the Missouri State Board of Chiropractic Examiners; and

(E) The consumer of chiropractic service MUA has been evaluated by a medical doctor or doctor of osteopathy, who is familiar with MUA, prior to the MUA procedure who approves the procedure and the administration of the anesthesia.

(3) Nothing in this rule shall be construed as to require a facility licensed by the Missouri Department of Health and Senior Services—Health Services Regulation or approved by the JCAHO, AOA, or AAAHC to grant allied hospital privileges to a chiropractic physician.

AUTHORITY: section 331.100.2, RSMo 2016. This rule originally filed as 4 CSR 70-2.033. Original rule filed March 4, 1994, effective Oct. 30, 1994. Moved to 20 CSR 2070-2.033, effective Aug. 28, 2006. Amended: Filed March 29, 2019, effective Oct. 30, 2019.*

**Original authority: 331.100.2, RSMo 1939, amended 1949, 1969, 1980, 1981, 2008, 2013.*

20 CSR 2070-2.040 Application for Licensure

PURPOSE: This rule states where to secure an application and how to complete the application and documentation required to accompany the application form provided by the executive director.

(1) An application for licensure or temporary licensure shall be made on a form provided by the state board, accompanied by the required fee. Forms are available at pr.mo.gov/chiropractors, upon written request to the state board at PO Box 672, Jefferson City, MO 65102-0672, by calling the state board office at (573) 751-2104, or via e-mail at chiropractic@pr.mo.gov.

(2) The application for licensure shall be printed in black ink, signed, and notarized. The following is required for licensure:

(A) Official educational transcript(s) documenting all undergraduate course work. The transcript must be forwarded to the state

board office by the college or university or submitted with the application in an envelope sealed by the registrar's office of the college or university:

(B) Official transcript documenting completion of a chiropractic degree. The transcript must be forwarded to the state board office by the chiropractic college or university or submitted with the application in an envelope sealed by the registrar's office of the chiropractic college or university. Transcripts from foreign countries which are not in English shall have a certified English translation attached;

(C) Official scores from the National Board of Chiropractic Examiners (NBCE) for Parts I, II, III, IV, and physiotherapy;

1. The board adopts the cut score or passing score established by the NBCE for parts I, II, III, IV, and physiotherapy.

2. An examination candidate shall comply with the examination provider's rules for test administration related to the administration of parts I, II, III, IV and the physiotherapy examination and authorize the examination provider to submit the results to the board, along with any information relating to any adverse incident(s) involving the applicant during the course of the examination. Any costs associated with reporting examination results to the board shall be the applicant's responsibility.

(D) A composite score of seventy-five percent (75%) on the jurisprudence examination regarding Missouri statutes and regulations;

(E) A completed background check from the Missouri State Highway Patrol's approved vendor(s) for both a Missouri State Highway Patrol and Federal Bureau of Investigation criminal history background check. Any fees associated with the background check are the applicant's responsibility.

(F) When licensed in another state, verification of licensure from that state.

(G) When applying for licensure in this state based upon current licensure in another state, official transcripts and examination scores are not required, unless requested by the board.

(3) An application for temporary licensure submitted pursuant to section 331.032, RSMo, shall be written or printed in black ink, signed, and notarized. The following is required for temporary licensure:

(A) Composite score of seventy-five percent (75%) on the jurisprudence examination regarding Missouri statutes and regulations;

(B) Completing a criminal history background check from the Missouri State Highway Patrol's approved vendor(s) for both a Missouri State Highway Patrol and Federal



Bureau of Investigation criminal history. Any fees for the background check are the applicant’s responsibility.

(C) Verification of licensure from each state the applicant is licensed.

(4) A temporary license may be renewed for an additional ninety (90) days upon application to the board and payment of the required fee.

AUTHORITY: sections 43.543 and 331.030, RSMo Supp. 2018, and section 331.100.2, RSMo 2016.* This rule originally filed as 4 CSR 70-2.040. This version of rule filed Dec. 17, 1975, effective Dec. 27, 1975. Rescinded and readopted: Filed July 9, 1982, effective Nov. 11, 1982. Amended: Filed Sept. 12, 1983, effective Jan. 13, 1984. Amended: Filed Aug. 14, 1986, effective Nov. 13, 1986. Rescinded and readopted: Filed April 18, 1989, effective July 13, 1989. Rescinded and readopted: Filed Aug. 14, 1990, effective Dec. 31, 1990. Amended: Filed Sept. 13, 1995, effective March 30, 1996. Amended: Filed March 30, 1998, effective Sept. 30, 1998. Amended: Filed Aug. 12, 1999, effective Feb. 29, 2000. Amended: Filed July 31, 2003, effective Jan. 30, 2004. Amended: Filed April 1, 2005, effective Oct. 30, 2005. Moved to 20 CSR 2070-2.040, effective Aug. 28, 2006. Amended: Filed June 27, 2007, effective Jan. 30, 2008. Rescinded and readopted: Filed March 29, 2019, effective Oct. 30, 2019.

*Original authority: 43.543, RSMo 1993, amended 2003, 2005, 2008, 2013, 2018; 331.030, RSMo 1939, amended 1945, 1947, 1949, 1969, 1981, 1988, 1993, 1995, 1997, 2004, 2007, 2018; and 331.100.2, RSMo 1939, amended 1949, 1969, 1980, 1981, 2008, 2013.

20 CSR 2070-2.045 Board-Approved Chiropractic Colleges
(Rescinded October 30, 2019)

AUTHORITY: sections 331.030 and 331.100.2, RSMo 2000. This rule originally filed as 4 CSR 70-2.045. Original rule filed April 8, 1983, effective July 11, 1983. Amended: Filed April 10, 1986, effective July 11, 1986. Rescinded and readopted: Filed April 18, 1989, effective July 13, 1989. Amended: Filed July 31, 2003, effective Jan. 30, 2004. Moved to 20 CSR 2070-2.045, effective Aug. 28, 2006. Rescinded: Filed March 29, 2019, effective Oct. 30, 2019.

20 CSR 2070-2.050 Examination
(Rescinded October 30, 2019)

AUTHORITY: sections 331.030, RSMo Supp.

2006 and 331.100.2, RSMo 2000. This rule originally filed as 4 CSR 70-2.050. Original rule filed Dec. 17, 1975, effective Dec. 27, 1975. Rescinded and readopted: Filed July 9, 1982, effective Nov. 11, 1982. Amended: Filed April 8, 1983, effective July 11, 1983. Amended: Filed Sept. 12, 1983, effective Jan. 13, 1984. Amended: Filed April 10, 1986, effective July 11, 1986. Amended: Filed Aug. 14, 1986, effective Nov. 13, 1986. Rescinded and readopted: Filed May 15, 1987, effective Aug. 27, 1987. Amended: Filed Aug. 18, 1987, effective Nov. 12, 1987. Amended: Filed March 8, 1988, effective July 28, 1988. Amended: Filed Dec. 1, 1988, effective April 13, 1989. Rescinded and readopted: Filed April 18, 1989, effective July 13, 1989. Amended: Filed April 18, 1990, effective June 30, 1990. Amended: Filed Aug. 14, 1990, effective Dec. 31, 1990. Amended: Filed June 15, 1992, effective Jan. 15, 1993. Amended: Filed Aug. 26, 1993, effective April 9, 1994. Amended: Filed Jan. 24, 1996, effective July 30, 1996. Amended: Filed March 30, 1998, effective Sept. 30, 1998. Amended: Filed Aug. 12, 1999, effective Feb. 29, 2000. Amended: Filed March 15, 2000, effective Oct. 30, 2000. Amended: Filed July 31, 2003, effective Jan. 30, 2004. Moved to 20 CSR 2070-2.050, effective Aug. 28, 2006. Amended: Filed June 27, 2007, effective Jan. 30, 2008. Rescinded: Filed March 29, 2019, effective Oct. 30, 2019.

20 CSR 2070-2.060 Professional Conduct Rules

PURPOSE: This rule explains the professional conduct of licensed chiropractic physicians.

(1) Each licensed chiropractic physician shall notify the board of his/her business and residential address and telephone number(s) and immediately shall inform the board of any change of address or telephone number within fifteen (15) days of such change. Notification shall be sent to the board at 3605 Missouri Boulevard, or PO Box 672, Jefferson City, MO 65102-0672, contacting the board office at (573) 751-2104, or sending an email to chiropractic@pr.mo.gov.

(2) A chiropractic service may be considered routine for an individual practitioner if it has the following characteristics:

- (A) It is performed frequently in the doctor’s office;
- (B) It is usually provided at a set fee;
- (C) It is provided at little or no variance in technique; and
- (D) It includes all professionally recog-

nized components within generally accepted standards.

(3) Each licensed chiropractic physician shall inform the board of anyone who may be practicing chiropractic in Missouri without a license.

(4) A chiropractic physician, when presenting him/herself to patients and the public, is directed to determine as far as is reasonably possible and consistent with chiropractic procedures—

- (A) The cause(s) of the patient’s abnormalities or deformities; and
- (B) Whether chiropractic treatments are reasonably likely to improve or assist in improving these abnormalities or deformities.

(5) A licensed chiropractic physician shall not—

- (A) Increase charges when a patient utilizes a third-party payment program;
- (B) Report incorrect treatment dates for the purpose of obtaining payments;
- (C) Report charges for services not rendered; or
- (D) Report incorrectly services rendered for the purpose of obtaining greater payment than he/she is entitled to.

(6) Advertisement or Solicitation.

(A) For the purpose of this rule, the terms “advertisement” and “solicitation” shall be defined as follows:

1. Advertisement—any form of public notice, regardless of medium, using a licensee’s name, trade name or other professional designation of the licensee or chiropractic firm;

2. Solicitation—any form of request or plea, regardless of medium, used to entice or urge a person to use the services of a licensee or chiropractic firm;

3. A licensee may advertise or solicit through public media, such as a telephone directory, physician’s directory, newspaper or other periodical, outdoor billboard, radio, television, or through direct mail advertising or solicitation distributed generally to persons not known to need chiropractic care of the kind provided by the chiropractor, if such advertisement or solicitation is in accordance with this section;

4. A licensee may initiate individual written communications, not involving personal or telephone contact, to persons known or likely to need chiropractic care of the kind provided by the licensee. All such individual written communications to persons known or likely to need chiropractic care of the kind provided by the licensee shall be labeled at the top of the first page with the word



“SOLICITATION” and shall contain the following notice:

SOLICITATION. The determination of a need for chiropractic care and the choice of a chiropractor are extremely important decisions and should not be based solely upon advertisements, solicitations or self-proclaimed expertise. This notice is required by the Missouri State Board of Chiropractic Examiners.

5. A licensee may initiate personal contact, including telephone contact, with a person for the purpose of offering to provide chiropractic care subject to the provisions of subsection (6)(D) herein. Any such personal contact, including telephone contact, which is made on behalf of a licensee by any third party or parties, shall be deemed to be contact made directly by the licensee for purposes of compliance with these rules.

(B) Every advertisement or solicitation shall include the following:

1. The name of at least one (1) licensee responsible for its content and any potential violation of section 331.060, RSMo; and

2. The term “chiropractor,” “doctor of chiropractic,” “chiropractic physician,” or “D.C.”

(C) Advertisements and solicitations may contain:

1. The educational background of the licensee;

2. The basis on which fees are determined, including charges for specific services, so long as fees advertised remain effective for a reasonable time;

3. Available credit; and

4. Any other information that is not false, misleading or deceptive.

(D) A licensee shall not initiate an individual written communication under paragraph (6)(A)3. or personal contact, including telephone contact under paragraph (6)(A)5., if the licensee knows or reasonably should know that the physical, emotional, or mental state of the person makes it unlikely that the person would exercise reasonable judgment in employing the services of a chiropractor. A written communication sent and received or a personal contact directed to any person known to have been involved in an accident, if made within thirty (30) days after such accident, is presumed to be written at a time or made at a time when the writer knows or reasonably should know that the physical, emotional, or mental state of the person makes it unlikely that the person would exercise reasonable judgment in employing a chiropractor, unless such written communication

or personal contact, including telephone contact, is directed to a close friend, relative or former patient.

(E) An advertisement or solicitation, as defined in this rule, shall not be false, misleading or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed. False, misleading and/or deceptive shall include, but not be limited to, the following contents or omissions:

1. Any untrue statement;

2. Any matter, or presentation or arrangement of any matter, in a manner or format which is false, misleading or deceptive to the public;

3. Omission of any fact which under the circumstances makes the statement false, misleading or deceptive to the public;

4. Transmission in a manner which involves coercion, intimidation, threats or harassing conduct;

5. An attempt to attract patronage in a manner which castigates, impugns, disparages, discredits or attacks other healing arts and sciences or other chiropractic physicians;

6. Any self-laudatory statements; or

7. Transmission to a person who has made known to the licensee a desire not to receive communication from the licensee.

(F) The board presumes the following forms of advertising and/or solicitation to be false, misleading and/or deceptive and in violation of subsection (6)(E) of this rule:

1. An advertisement or solicitation which contains guarantees or warranties regarding the result of a licensee’s services;

2. An advertisement or solicitation which contains testimonials about or endorsements of a licensee, unless—

A. The advertisement or solicitation complies with subsection (6)(E) of this rule; and

B. The testimonial or endorsement is made by the person who actually received the services or who has personal knowledge as to the facts stated, excepting however, testimonials and endorsements may be made by paid actors so long as the advertisement or solicitation contains a notice stating that paid actors have been used;

3. An advertisement or solicitation which is transmitted at the scene of an accident or en route to a hospital, emergency care center or other health care facility;

4. Any advertisement or solicitation using the phrase “no out-of-pocket expense,” “we accept what your insurance will pay” or any similar statement prior to the retention of services that a payment made by an insurance carrier or other third party payor with copayment or deductible features will be accepted

by the licensee as payment in full, unless the advertisement shall also contain the following notice:

“This offer is only valid after the applicable insurance carrier or third party payor has been notified of the terms of the offer.”

The licensee will provide written notice disclosing the terms of such offer, agreement or waiver on any billing and/or third party claim.

(G) For the purpose of this rule, all required notices shall be at least ten (10) points in height if the advertisement or solicitation is written or printed and at least eighteen (18) point font if the advertisement or solicitation is made by means of television. Notices may be oral, if the form of advertisement or solicitation will not allow it to be in printed form.

(H) A licensee shall retain for two (2) years a true and correct copy or recording of any advertisement or solicitation made by written or electronic media along with a record of when and where it was used. Upon written request, the licensee shall make the copy or recording available to the board and, if requested, shall provide to the board evidence to support any factual or objective claim contained in the advertisement or solicitation.

(7) A chiropractic office shall not be closed until the board has been provided with information which in the board’s view is sufficient to assure the board that adequate measures have been taken by the licensee or licensee’s heirs to provide for the transfer of patient records, including X-rays, to either the patient or another health care provider of the patient’s choosing or to assure the board that the patient does not desire the records delivered to him/her or another health care provider.

(8) The licensee shall retain patient records for at least seven (7) years.

(9) Failure of the licensee to comply with section 191.227, RSMo shall be considered unprofessional conduct.

(10) Minimal record keeping standards apply to all licensed chiropractic physicians, chiropractic assistants and certified chiropractic technicians. These standards also apply to those examinations advertised at a reduced fee or free (no charge) service.

(A) Adequate patient records shall be legibly maintained. Initial and follow-up services (daily records) shall consist of documentation to justify care. If abbreviations or symbols



are used in the daily record keeping, a key must be provided.

(B) Minimum record keeping regarding a patient shall include patient history, symptomatology, examination, diagnosis, prognosis and treatment.

(C) Provided the board takes disciplinary action against a chiropractic physician for any reason, these minimal clinical standards will apply. It is understood that these procedures are the accepted standard(s) and anything less than this shall be considered unprofessional conduct in the practice of chiropractic.

(11) A nutritional evaluation which is in response to stimulation of the olfactory nerve receptors and those procedures including holding vitamins, minerals, herbs or any food or food product in the hand, laying vitamins, minerals, herbs or any food or food product on or near the skin and touching various areas of the skin, are unproven, could lead to errors in diagnosis and are potentially detrimental to the health of the patient being evaluated and is considered unprofessional conduct in the practice of chiropractic.

(A) Nutritional evaluation shall include history; type of dysfunction; laboratory tests, if necessary; physical diagnosis; and dietary inadequacies. Nutritional evaluation without these procedures is deemed unprofessional conduct.

(B) Nutritional evaluation which is in response to stimulation of the gustatory nerve receptors is not a diagnostic procedure but may be used as an adjunctive procedure when used in conjunction with subsection (10)(A).

(12) Any licensee who performs a chiropractic review under section 376.423, RSMo without having obtained a certification from the board or is not in compliance with 20 CSR 2070-4 of the board's rules shall be deemed to have engaged in unprofessional conduct in the practice of chiropractic.

(13) Violation of the Health Care Payment Fraud and Abuse Act, *Missouri Revised Statutes* section 191.900 et seq. or the "anti-kickback" portions of the Medicare/Medicaid anti-fraud and abuse statute, 42 *United States Code* section 1320a-7b[b], by knowingly and willingly offering, paying, soliciting or receiving remuneration in order to induce business reimbursed under the Medicare or state administered health care programs will be considered unprofessional or improper conduct in the practice of chiropractic. Conduct will not be considered a violation of this rule, if the ownership or investment interest in such service meets the requirements of the "safe harbor" provisions of Title 42 *Code of*

Federal Regulations part 1001.

AUTHORITY: sections 331.060 and 331.100.2, RSMo 2000. This rule originally filed as 4 CSR 70-2.060. This version of rule filed Dec. 17, 1975, effective Dec. 27, 1975. Amended: Filed April 6, 1978, effective Aug. 11, 1978. Amended: Filed July 5, 1978, effective Oct. 13, 1978. Rescinded and readopted: Filed Dec. 9, 1981, effective April 11, 1982. Rescinded and readopted: Filed July 9, 1982, effective Nov. 11, 1982. Amended: Filed Sept. 12, 1983, effective Jan. 13, 1984. Amended: Filed June 11, 1985, effective Oct. 26, 1985. Rescinded and readopted: Filed April 18, 1989, effective July 13, 1989. Amended: Filed April 18, 1990, effective June 30, 1990. Amended: Filed Aug. 14, 1990, effective Dec. 31, 1990. Amended: Filed March 4, 1991, effective July 8, 1991. Amended: Filed Sept. 17, 1991, effective Feb. 6, 1992. Amended: Filed Dec. 3, 1991, effective April 9, 1992. Amended: Filed Jan. 23, 1992, effective June 25, 1992. Amended: Filed Feb. 4, 1992, effective June 25, 1992. Amended: Filed May 13, 1992, effective Jan. 15, 1993. Amended: Filed June 15, 1992, effective Jan. 15, 1993. Amended: Filed July 22, 1993, effective Jan. 31, 1994. Amended: Filed Dec. 21, 1995, effective June 30, 1996. Amended: Filed Nov. 6, 1996, effective May 30, 1997. Amended: Filed April 29, 1998, effective Nov. 30, 1998. Amended: Filed July 31, 2003, effective Jan. 30, 2004. Amended: Filed April 1, 2005, effective Oct. 30, 2005. Moved to 20 CSR 2070-2.060, effective Aug. 28, 2006. Amended: Filed June 27, 2007, effective Jan. 30, 2008.*

**Original authority: 331.060, RSMo 1939, amended 1969, 1971, 1972, 1981, 1987; and 331.100.2, RSMo 1939, amended 1949, 1969, 1980, 1981.*

20 CSR 2070-2.065 Public Complaint Handling and Disposition

PURPOSE: This rule establishes a procedure for the receipt, handling, and disposition of public complaints by the board.

(1) The State Board of Chiropractic Examiners shall receive and process each complaint made against any licensee or unlicensed individual or entity, which complaint alleges certain acts or practices which may constitute one (1) or more violations of the provisions of Chapter 331, RSMo or administrative rules promulgated thereunder. Any member of the public, the profession, or any federal, state, or local official may make and file a complaint with the board. Complaints may be received from sources outside Missouri and will be processed in the same manner as

those originating within Missouri. No member of the State Board of Chiropractic Examiners shall file a complaint with this board while that member holds that office, unless that member excuses him/herself from further board deliberations or activity concerning the matters alleged within that complaint. The executive director or any staff member of the board may file a complaint pursuant to this rule in the same manner as any member of the public.

(2) Complaints, whether submitted in writing or using the board's complaint form, shall clearly identify the complainant by name and address, and be mailed or delivered to the following address: Missouri State Board of Chiropractic Examiners, 3605 Missouri Blvd., PO Box 672, Jefferson City, MO 65102-0672 or sent via email to chiropractic@pr.mo.gov.

(3) The board shall maintain a record of the complaint that includes the complainant's name, address, respondent's name and address, date the complaint is received, and the allegation(s) or reason(s) for filing the complaint.

(4) The complainant shall be informed in writing as to whether the complaint is being investigated, progress of the investigation, and final disposition of the complaint.

AUTHORITY: section 331.100.2, RSMo 2016. This rule originally filed as 4 CSR 70-2.065. Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Rescinded and readopted: Filed Dec. 9, 1981, effective April 11, 1982. Amended: Filed Oct. 13, 1982, effective Feb. 11, 1983. Amended: Filed Sept. 12, 1983, effective Jan. 13, 1984. Amended: Filed Dec. 7, 1984, effective April 11, 1985. Amended: Filed June 7, 1985, effective Oct. 26, 1985. Amended: Filed Dec. 3, 1990, effective April 29, 1991. Amended: Filed April 1, 1992, effective Sept. 6, 1992. Amended: Filed July 31, 2003, effective Jan. 30, 2004. Moved to 20 CSR 2070-2.065, effective Aug. 28, 2006. Amended: Filed March 29, 2019, effective Oct. 30, 2019.*

**Original authority: 331.100.2, RSMo 1939, amended 1949, 1969, 1980, 1981, 2008, 2013.*

20 CSR 2070-2.066 Post-Board Order Activity (Rescinded October 30, 2019)

AUTHORITY: section 331.100.2, RSMo 1986. This rule originally filed as 4 CSR 70-2.066. Original rule filed June 11, 1985, effective Oct. 26, 1985. Amended: Filed April



10, 1986, effective July 11, 1986. Moved to 20 CSR 2070-2.066, effective Aug. 28, 2006. Rescinded: Filed March 29, 2019, effective Oct. 30, 2019.

20 CSR 2070-2.070 Reciprocity (Rescinded October 30, 2019)

AUTHORITY: sections 331.030, RSMo Supp. 2006 and 331.100.2, RSMo 2000. This rule originally filed as 4 CSR 70-2.070. This version of rule filed Dec. 17, 1975, effective Dec. 27, 1975. Rescinded and readopted: Filed July 9, 1982, effective Nov. 11, 1982. Amended: Filed Sept. 12, 1983, effective Jan. 13, 1984. Amended: Filed March 8, 1984, effective July 12, 1984. Amended: Filed Aug. 14, 1986, effective Nov. 13, 1986. Rescinded and readopted: Filed April 18, 1989, effective July 13, 1989. Amended: Filed April 18, 1990, effective June 30, 1990. Amended: Filed Aug. 13, 1990, effective Dec. 31, 1990. Amended: Filed Dec. 3, 1991, effective April 9, 1992. Amended: Filed March 30, 1998, effective Sept. 30, 1998. Amended: Filed Aug. 12, 1999, effective Feb. 29, 2000. Amended: Filed July 31, 2003, effective Jan. 30, 2004. Amended: Filed April 1, 2005, effective Oct. 30, 2005. Moved to 20 CSR 2070-2.070, effective Aug. 28, 2006. Amended: Filed June 27, 2007, effective Jan. 30, 2008. Rescinded: Filed March 29, 2019, effective Oct. 30, 2019.

20 CSR 2070-2.080 Biennial License Renewal

PURPOSE: This rule establishes the licensure renewal requirements.

(1) A license shall be renewed biennially contingent upon the licensee completing the required hours of continuing education as defined in section (2)—

(A) For the purpose of this regulation one (1) hour of continuing education shall consist of at least fifty (50) minutes of instruction or study;

(B) A chiropractic physician issued a license within one (1) year of graduation from an approved chiropractic college shall be exempt from the continuing education requirements until the end of the first biennial licensure cycle following initial license issuance; and

(C) A chiropractic physician at least sixty-five (65) years old and licensed in this state for at least thirty-five (35) years shall complete at least twenty-four (24) hours of formal continuing education biennially as defined in

section (4) of this rule. The remaining biennial hours of continuing education shall be waived.

(2) Every two (2) years (hereinafter referred to as biennially) and prior to the expiration date of a license, a licensee shall complete forty-eight (48) hours of continuing education as defined in sections (3) and (5) of this rule. If a licensee is unable to complete the required biennial continuing education, prior to the expiration date of the license, the licensee may submit a written request to the board for an extension in order to comply with the continuing education requirement and shall pay the required late continuing education fee.

(3) At least twenty-four (24) hours of the required forty-eight (48) hours of continuing education shall be earned by attending formal continuing education programs, seminars, and/or workshops that have been approved by the board.

(A) A licensee shall obtain the required formal continuing education hours from no less than two (2) of the following formal categories:

1. Diagnostic imaging (X ray);
2. Differential or physical diagnosis or both;
3. Record keeping and/or Subjective Objective Assessment Plan (SOAP) notes;
4. Principles, techniques, and/or adjunctive procedures; or
5. Meridian Therapy/acupressure/acupuncture.

(4) Continuing education hours in compliance with 20 CSR 2070-2.080(3) may be obtained via the Internet pursuant to 20 CSR 2070-2.081(2)(B) and board approval.

(5) The remaining required continuing education hours, which shall be deemed “general” continuing education hours, may be obtained from one (1) or more of the following areas:

(A) Continuing education programs, seminars, and/or workshops approved by the board pursuant to 20 CSR 2070-2.080(3);

(B) Continuing education programs, seminars, and/or workshops related to the practice of chiropractic and not approved by the board for formal continuing education hours;

(C) Attending relevant professional meetings. Such meetings can be international, national, regional, state, or local and must be related to the practice of chiropractic;

(D) Reading scholarly material relating to the practice of chiropractic to include books, journals, periodicals, and articles whether printed, provided via the Internet, or other

electronic means;

(E) Writing articles for scholarly publications such as books, national or international journals, and periodicals. Articles must be relevant to the practice of chiropractic; and

(F) Chiropractic physicians teaching an approved postgraduate course may receive continuing education credits for teaching the course providing the instructor’s name was submitted with the course content when requesting approval of the course.

(6) Chiropractic physicians who are faculty members at a CCE-accredited college may receive up to a maximum of forty-eight (48) hours biennially of continuing education credit for teaching or attending course(s) at a CCE-accredited chiropractic college:

(A) The areas of study shall be in compliance with 20 CSR 2070-2.080(3);

(B) For the purpose of this rule, the faculty member must either teach or attend a course at a CCE-approved chiropractic college for a minimum of four (4) clock hours as defined in 20 CSR 2070-2.080(3);

(C) Any remaining continuing education study required for licensure renewal may be obtained by teaching or attending course(s) relevant to chiropractic provided by a CCE-approved chiropractic college; and

(D) The chiropractic college shall be responsible for submitting course(s) to the board for approval and for verifying attendance by the teacher or faculty member.

(7) Chiropractic physicians who teach continuing education approved by the board may receive up to a maximum of four (4) hours per year of continuing education credit for teaching board-approved courses as defined in 20 CSR 2070-2.080(3)(A).

(8) Chiropractic physicians certified by the board in Meridian Therapy/acupressure/acupuncture (MTAA) or insurance consulting who teach continuing education approved by the board may receive up to twelve (12) hours biennially of continuing education for teaching courses pursuant to 20 CSR 2070-2.031 MTAA or 20 CSR 2070-4.010 insurance consulting.

(9) A licensee acting as an associate examiner for Part IV of the national examination administered by the National Board for Chiropractic Examiners (NBCE) is eligible to receive a maximum of ten (10) hours of continuing education as follows:

(A) Four (4) hours of formal continuing education;

(B) Six (6) hours of general continuing education; and



(C) To obtain the continuing education, the associate examiner must attend the orientation and administer the Part IV examination for the day(s) scheduled.

(10) If the licensee pays the continuing education penalty fee for continuing education credits earned late, those hours shall be applied to the requirements to renew the license and not be applied to the next renewal cycle. A licensee who has failed to obtain and document the requisite number of continuing education credits shall be subject to disciplinary action by the board at the board's discretion, pursuant to the authority granted in section 331.060, RSMo.

(11) A licensee shall be responsible for maintaining all documentation of continuing education compliance for the previous and current biennial licensure cycles. In the event the licensee is selected for a compliance audit, the licensee shall provide the required documentation of compliance within sixty (60) days of the written request from the board. Failure to comply with a board audit or other request for such documentation shall be a basis for disciplinary action against the licensee, pursuant to section 331.060, RSMo.

(12) If a licensee requires a waiver or an extension of time to complete the continuing education requirements, a written request, explaining the reason for the request for an extension, must be submitted to the board in advance of the license expiration date. Any extension of time to complete the continuing education requirements or waiver of the continuing education requirements shall be granted solely at the discretion of the board and based upon terms and conditions deemed appropriate by the board.

(13) A Missouri licensed chiropractor that practices in another state and is not practicing in Missouri may use the approved continuing education hours required of the state in which they practice for biennial renewal of the Missouri license, without prior approval by the board. If the state in which the chiropractic physician is practicing does not have continuing education requirements for renewal or licensure reinstatement, the out-of-state chiropractic physician must earn the requisite number of continuing education hours required in Missouri as defined in sections (2), (3), and (5) of this rule.

(14) Within two (2) years of the expiration date, a license may be reinstated upon submission of the following:

(A) A completed reinstatement form avail-

able from the board;

(B) Renewal and reinstatement fees as defined in 20 CSR 2070-2.090(1)(B) and (D); and

(C) Proof of compliance with continuing education requirements pursuant to sections (2), (3), and (5) of this rule. If licensed in another state and not practicing in Missouri, the continuing education required to maintain the license in that state may be used in lieu of meeting the requirements of 20 CSR 2070-2.080(2), (3), and (5).

(15) A license that is expired or inactive for more than two (2) years and less than five (5) years from the expiration or inactive date may be reinstated upon submission of the following:

(A) A completed reinstatement form available from the board;

(B) Reinstatement fee as defined in 20 CSR 2070-2.090(1)(D);

(C) A criminal history background check from the Missouri State Highway Patrol's approved vendor(s) for both the Missouri State Highway Patrol and Federal Bureau of Investigation. Any fees for the background check are the applicant's responsibility; and

(D) Proof of compliance with 20 CSR 2070-2.080(2), (3), and (5). If licensed in another state and not practicing in Missouri, the continuing education required to maintain the license in that state may be used in lieu of meeting the requirements of sections (2), (3), and (5) of this rule.

(16) A license that is expired or inactive for more than five (5) years and the applicant is not licensed in another state, the following shall be submitted:

(A) A completed reinstatement form available from the board;

(B) Reinstatement fee as defined in 20 CSR 2070-2.090(1)(D);

(C) A criminal history background check from the Missouri State Highway Patrol's approved vendor(s) for both the Missouri State Highway Patrol and Federal Bureau of Investigation. Any fees for the background check are the applicant's responsibility;

(D) An official transcript from a Council on Chiropractic Education accredited chiropractic college documenting completion of the following:

1. Four (4) semester hours in chiropractic clinical reasoning;

2. Four (4) semester hours clinical diagnosis;

3. Four (4) semester hours of diagnostic imaging; and

(E) Completion of the jurisprudence examination regarding Missouri statutes and regu-

lations; with a minimum composite score of seventy-five percent (75%) on the jurisprudence examination.

(17) Prior to the expiration date of the license, an application for renewal of the license shall be postmarked and sent via regular or overnight mail to the state board office, or electronically renewed by the licensee. The licensee shall verify the number of continuing education hours completed during the renewal cycle on the renewal form mailed to the board office or submitted online.

(18) A license may be placed on inactive status upon submission of a written request and payment of the required fee pursuant to 20 CSR 2070-2.090(1)(C).

AUTHORITY: sections 331.050 and 331.100.2, RSMo 2016. This rule originally filed as 4 CSR 70-2.080. This version of rule filed Dec. 17, 1975, effective Dec. 27, 1975. Rescinded and readopted: Filed Dec. 9, 1981, effective March 11, 1982. Rescinded and readopted: Filed July 9, 1982, effective Nov. 11, 1982. Amended: Filed Sept. 12, 1983, effective Jan. 13, 1984. Amended: Filed Dec. 10, 1984, effective April 11, 1985. Amended: Filed April 10, 1986, effective July 11, 1986. Amended: Filed Aug. 14, 1986, effective Nov. 13, 1986. Amended: Filed April 18, 1990, effective June 30, 1990. Amended: Filed April 30, 1991, effective Oct. 31, 1991. Amended: Filed July 7, 1992, effective Feb. 26, 1993. Amended: Filed July 22, 1993, effective Jan. 31, 1994. Amended: Filed March 4, 1994, effective Aug. 28, 1994. Amended: Filed Dec. 18, 1995, effective June 30, 1996. Amended: Filed July 23, 1998, effective Feb. 28, 1999. Amended: Filed April 14, 2000, effective Oct. 30, 2000. Amended: Filed July 31, 2003, effective Jan. 30, 2004. Amended: Filed April 1, 2005, effective Oct. 30, 2005. Moved to 20 CSR 2070-2.080, effective Aug. 28, 2006. Rescinded and readopted: Filed June 27, 2007, effective Jan. 30, 2008. Amended: Filed Aug. 15, 2008, effective Feb. 28, 2009. Amended: Filed Aug. 27, 2009, effective Feb. 28, 2010. Amended: Filed March 29, 2019, effective Oct. 30, 2019.*

**Original authority: 331.050, RSMo 1939, amended 1945, 1947, 1969, 1981, 1987, 1999, 2001, 2004 and 331.100, RSMo 1939, amended 1949, 1969, 1980, 1981, 2008, 2013.*



20 CSR 2070-2.081 Application for Continuing Education

PURPOSE: This rule defines continuing education, sets out the requirements for sponsoring organizations.

(1) The term postgraduate study may be used interchangeably with the terms continuing education or CE.

(2) For board approval of formal continuing education courses or seminars a sponsor or provider shall forward to the board one (1) copy of the completed application and applicable fee pursuant to 20 CSR 2070-2.090(1). This material must be received in the board office at least thirty (30) days prior to the seminar to receive board approval.

(A) The board may consider a request for formal continuing education after the seminar has occurred by submitting an application and fee, along with a written explanation regarding why the application was not submitted at least thirty (30) days prior to the seminar.

(B) For continuing education obtained via the Internet, the sponsor or provider shall submit along with the application and fee, a detailed explanation of the following:

1. Delivery format explaining how the continuing education material is presented to include applicable security safeguarding the licensee's identity;

2. Process used for gathering information for the continuing education course, to include if course material is updated, how often, and who determines when such update is required;

3. Method used for monitoring attendance;

4. Time a licensee is allowed to complete the online continuing education course. The explanation must specify if a licensee has unlimited time and unlimited number of attempts to complete the continuing education course and if multiple attempts to complete the course are monitored;

5. Whether a test is required and, if so, how the results are reported to the licensee;

6. How a licensee communicates with the sponsoring organization in the event there are questions or problems;

7. Documentation provided to the licensee when a course is completed;

8. Amount of time a sponsoring organization maintains records of a licensee completing a course of study; and

9. Names and credentials of individuals responsible for the content of the continuing education course.

(C) A sponsor or provider wishing to provide continuing education via the Internet

shall provide the board access to the online course for the purpose of reviewing areas such as content and delivery method.

(3) All postgraduate education programs shall be subject to the following criteria:

(A) The program shall meet the definition of postgraduate education as defined in section (1) of this rule;

(B) The sponsor or provider shall properly monitor the attendance of the chiropractic physician at the program;

(C) The sponsor shall notify the board of the date, title, hours, names of speakers, and location of seminar and contact person; and

(D) The sponsor shall provide a certificate of completion to the licensee no later than thirty (30) days after completion of the continuing education.

(4) An application for formal continuing education that is not approved by the board or is incomplete, will be returned to the continuing education sponsor with a written explanation regarding why the application was not approved or was incomplete. Upon correcting any deficiencies or omissions on the application or documentation, the sponsor may resubmit the application and shall pay the applicable per session fee pursuant to 20 CSR 2070-2.090(1).

(5) Continuing education addressing diagnostic imaging in the areas of anatomy and physiology, diagnosis, or condition and pathology shall be taught by a Diplomate, American Board of Chiropractic Radiology (DACBR), or a medical radiologist.

(6) A continuing education program addressing a topic, or combination of topics, pursuant to 20 CSR 2070-2.080 shall be taught by an instructor with a doctor of chiropractic degree and expertise in the subject matter to be presented.

(A) Instructors for continuing education programs addressing a topic, or combination of topics, pursuant to 20 CSR 2070-2.080 that do not have a doctor of chiropractic degree shall document training and expertise in the subject matter to be presented. Such documentation shall include:

1. Undergraduate or graduate course work verified with a transcript; and/or

2. Work experience, seminars, workshops, or training verified with a resume or *vitae*.

(B) Continuing education sponsored totally or in part by a product distributor, product line, or company or demonstrating, promoting, or endorsing a product or service must utilize instructors in compliance with 20 CSR

2070-2.080. The subject matter of the continuing education must address the diagnosis and treatment of conditions as authorized by section 331.010.1, RSMo. Product information shall not be the primary focus relating to diagnosis and/or treatment and shall be presented only as an adjunct to the course material.

(7) Any postgraduate program offered for license renewal must carry the following disclaimer: "Approval of this course is not an acknowledgement or ruling by the board that the methods taught in this course are recognized and approved by the board as the appropriate practice of chiropractic as defined in section 331.010, RSMo." This disclaimer shall be on all brochures and handouts or on a separate piece of paper distributed at each program.

(8) All postgraduate education sponsors shall provide each licensee with a certificate verifying his/her attendance at an approved postgraduate education seminar. The certificate shall be provided to the licensee by the sponsor within thirty (30) days from the date of the licensee's attendance at the seminar and contain, at a minimum, the following information:

(A) Name, address, and telephone number of the sponsoring organization;

(B) Name, address, and license number of the licensee in attendance at the approved seminar;

(C) Course approval number which will be provided to the sponsor at the time the sponsor is notified by the board of its approval of the seminar;

(D) Title, date(s), and location of the seminar; and

(E) The total number of hours that the licensee was in attendance at the seminar. These hours must be reflected according to the categories defined in 20 CSR 2070-2.080(3).

AUTHORITY: sections 331.050 and 331.100.2, RSMo 2016. This rule originally filed as 4 CSR 70-2.081. Original rule filed April 16, 1990, effective June 30, 1990. Amended: Filed Aug. 26, 1993, effective April 9, 1994. Amended: Filed March 4, 1994, effective Aug. 28, 1994. Amended: Filed Dec. 18, 1995, effective June 30, 1996. Amended: Filed July 23, 1998, effective Feb. 28, 1999. Amended: Filed July 31, 2003, effective Jan. 30, 2004. Moved to 20 CSR 2070-2.081, effective Aug. 28, 2006. Amended: Filed June 27, 2007, effective Jan. 30, 2008. Amended: Filed Aug. 15, 2008, effective Feb. 28, 2009. Amended: Filed Aug. 27, 2009, effective Feb. 28, 2010. Amended: Filed March 29, 2019, effective Oct. 30,*



2019.

**Original authority: 331.050, RSMo 1939, amended 1945, 1947, 1969, 1987, 1999, 2001, 2004 and 331.100.2, RSMo 1939, amended 1949, 1969, 1980, 1981, 2008, 2013.*

20 CSR 2070-2.090 Fees

PURPOSE: This rule establishes and fixes the various fees and charges authorized by Chapter 331, RSMo.

(1) The following fees hereby are established by the State Board of Chiropractic Examiners:

- (A) Application Fee \$200
- (B) Renewal Fee \$125
- (C) Inactive Status Fee \$100
- (D) License Reinstatement Fee \$100
- (E) Meridian Therapy/Acupressure/
Acupuncture Certification
Application Fee \$100
- (F) Insurance Consultant
Certification Application Fee \$100
- (G) Fingerprinting Fee
(amount determined by the
Missouri State Highway Patrol)
- (H) Continuing Education Sponsor
Fee (per session) \$ 5
- (I) Biennial Continuing Education
Sponsor Fee \$500**
- (J) Continuing Education
Late Fee \$150
- (K) Returned Check Fee \$ 25
- (L) Temporary License Fee \$100
- (M) Renewal Temporary
License \$ 25
- (N) Specialty Certification
Review Fee \$150
- (O) Specialist Certification
Application Fee \$100
- (P) Specialty Certification
Reinstatement Fee \$ 25

**This fee provides continuing education sponsors with the option of paying one (1) biennial fee in lieu of paying the five dollar (\$5) fee required with each session on an application for continuing education course approval. The fee is applicable to the application(s) filed by the continuing education sponsor for programs offered in any one (1) biennial cycle and will not carry over into another biennial cycle. No additional fee will be assessed on subsequent applications for continuing education course approval filed for programs offered throughout one (1) biennial cycle, regardless of the number of initial applications filed by the continuing education sponsor. If an application for formal continuing education is not approved by the board, or

is incomplete, the sponsor may resubmit the application and shall pay the applicable per session fee.

(2) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

AUTHORITY: sections 331.070 and 331.100.2, RSMo 2016, and section 43.543, RSMo Supp. 2018. This rule originally filed as 4 CSR 70-2.090. Emergency rule filed June 30, 1981, effective July 9, 1981, expired Nov. 11, 1981. Original rule filed June 30, 1981, effective Oct. 12, 1981. Amended: Filed Dec. 10, 1984, effective April 11, 1985. Amended: Filed Aug. 14, 1986, effective Nov. 13, 1986. Amended: Filed Oct. 17, 1986, effective Jan. 30, 1987. Emergency amendment filed March 18, 1987, effective March 28, 1987, expired July 26, 1987. Amended: Filed March 18, 1987, effective May 28, 1987. Amended: Filed Dec. 1, 1988, effective April 13, 1989. Amended: Filed April 18, 1989, effective July 13, 1989. Amended: Filed April 18, 1990, effective June 30, 1990. Amended: Filed Aug. 14, 1990, effective Dec. 31, 1990. Amended: Filed Oct. 15, 1990, effective April 4, 1991. Emergency amendment filed Dec. 21, 1990, effective Dec. 31, 1990, expired April 29, 1991. Amended: Filed Dec. 3, 1990, effective April 29, 1991. Amended: Filed April 30, 1991, effective Oct. 31, 1991. Amended: Filed July 7, 1992, effective Feb. 26, 1993. Amended: Filed Jan. 29, 1993, effective Aug. 9, 1993. Amended: Filed March 4, 1994, effective Aug. 28, 1994. Amended: Filed Sept. 13, 1995, effective March 30, 1996. Amended: Filed Jan. 24, 1996, effective July 30, 1996. Amended: Filed Nov. 6, 1996, effective May 30, 1997. Amended: Filed Jan. 20, 1998, effective Sept. 1, 1998. Amended: Filed July 23, 1998, effective Jan. 30, 1999. Amended: Filed June 15, 1999, effective Nov. 30, 1999. Amended: Filed April 14, 2000, effective Oct. 30, 2000. Amended: Filed July 31, 2003, effective Jan. 30, 2004. Amended: Filed April 1, 2005, effective Oct. 30, 2005. Amended: Filed June 29, 2005, effective Jan. 30, 2006. Moved to 20 CSR 2070-2.090, effective Aug. 28, 2006. Amended: Filed June 27, 2007, effective Jan. 30, 2008. Amended: Filed Aug. 15, 2008, effective Feb. 28, 2009. Amended: Filed Aug. 27, 2009, effective Feb. 28, 2010. Emergency amendment filed Oct. 27, 2014, effective Nov. 6, 2014, expired May*

4, 2015. Amended: Filed Oct. 27, 2014, effective April 30, 2015. Amended: Filed March 29, 2019, effective Oct. 30, 2019.

**Original authority: 43.543, RSMo 1993, amended 2003, 2005, 2008, 2013, 2018; 331.070, RSMo 1939, amended 1969, 1981, 1985; and 331.100.2, RSMo 1939, amended 1949, 1969, 1980, 1981, 2008, 2013.*

20 CSR 2070-2.100 Professional Corporations

PURPOSE: This rule informs professionals what must be done before and after they form a professional corporation.

(1) Professional Corporations—Organization.

(A) A person licensed as a chiropractor in this state may form or be a member of a professional corporation organized under and existing in compliance with Chapter 356, RSMo, which corporation may be composed of any combination of the professions defined as a professional service in section 356.021, RSMo provided, that each person is duly licensed to practice his/her profession in this state under the laws applicable to that profession and provided further that the licensing authority of each profession by rule has authorized the members of that profession to form a professional corporation with a person licensed by the State Board of Chiropractic Examiners.

(B) A chiropractor licensed to practice chiropractic in Missouri may combine with any of the professions defined as a professional service in section 356.021, RSMo in the same professional corporation to further the providing of health-care services of the respective professions and services ancillary to that profession.

(C) The term ancillary services, as used in this rule, shall mean any service directly related to providing primary health care in the form of treatment or therapy to a person.

(D) Any professional corporation formed pursuant to this rule shall comply with all applicable requirements of Chapter 356, RSMo. As soon as practicable, but no later than thirty (30) days from the date of issuance of a Certificate of Incorporation by the Missouri secretary of state, each professional corporation shall provide the board with a copy of the Articles of Incorporation, certified by the secretary of the corporation that the articles are true and correct copies and also shall provide a copy of the Certificate of Incorporation issued by the Missouri secretary of state.

(E) No professional corporation shall dissolve or elect to cease being a professional corporation under the provisions of section 356.201, RSMo, until the corporation has



provided the board with information which in the board's view is sufficient to assure the board that adequate measures have been taken by the corporation to provide for the transfer of patient records, including X-rays, to either the patient or another health care provider of the patient's choosing or to assure the board that the patient does not desire the records delivered to him/her or another health care provider.

(F) A chiropractor licensed pursuant to Chapter 331, RSMo shall not:

1. Select or use any name for a professional corporation which is false, deceptive, or misleading to the general public concerning the nature of professional services offered or provided by the professional corporation; and

2. Be a member of any professional corporation having a name in violation of this subsection. The name of any professional corporation formed pursuant to this rule shall comply with section 356.071, RSMo.

(G) No chiropractor licensed pursuant to Chapter 331, RSMo shall practice in the form of a professional corporation or other business entity where a person who is not a licensed chiropractor has the right to direct or control the professional judgment of the chiropractic physician.

AUTHORITY: sections 331.060, 331.070, 331.100.2, 356.041.4, 356.111, and 356.191, RSMo 2016. This rule originally filed as 4 CSR 70-2.100. Original rule filed April 8, 1983, effective July 11, 1983. Rescinded and readopted: Filed Jan. 5, 1987, effective April 11, 1987. Amended: Filed May 15, 1987, effective Aug. 27, 1987. Amended: Filed March 4, 1991, effective July 8, 1991. Amended: Filed Dec. 3, 1991, effective April 9, 1992. Amended: Filed Sept. 25, 1992, effective May 6, 1993. Amended: Filed July 21, 1995, effective Feb. 25, 1996. Amended: Filed March 15, 2000, effective Oct. 30, 2000. Amended: Filed July 31, 2003, effective Jan. 30, 2004. Moved to 20 CSR 2070-2.100, effective Aug. 28, 2006. Amended: Filed March 29, 2019, effective Oct. 30, 2019.*

**Original authority: 331.060, RSMo 1939, amended 1969, 1971, 1972, 1981, 1987; 331.070, RSMo 1939, amended 1969, 1981, 1985; 331.100.2, RSMo 1939, amended 1949, 1969, 1980, 1981, 2008, 2013; 356.041.4, RSMo 1986; 356.111, RSMo 1986, amended 1991, 1993; and 356.191, RSMo 1986.*

20 CSR 2070-2.110 Nonresident Military Spouse Licensure

PURPOSE: This rule states the requirements and procedures for a nonresident spouse of

an active duty member of the military who is transferred to this state in the course of the member's military duty to obtain a temporary courtesy license to practice chiropractic for one hundred eighty (180) days, subject to possible extension as provided by law.

(1) The board shall grant a temporary courtesy license to practice chiropractic without examination to a "nonresident military spouse" as defined in section 324.008.1, RSMo, who provides the board the following:

(A) A completed application form;

(B) A non-refundable application fee, as established by 20 CSR 2070-2.090, made payable to the board;

(C) Verification sent directly to the board office from a state, district, or territory verifying that the applicant holds a current and active license in that state, district, or territory;

(D) Proof that the applicant has been engaged in the practice of chiropractic in a state, district, or territory of the United States in which the applicant is currently licensed for at least two (2) years of the five (5) years immediately preceding the application for temporary licensure;

(E) Verification sent directly to the board office from each state, district, or territory of the United States in which the applicant has ever been licensed verifying:

1. The status of the applicant's license and, when licensed in that jurisdiction, if there were any complaints and/or disciplinary action on the license;

2. The applicant has not committed an act in any jurisdiction where the applicant holds or held a license that would have constituted grounds for the refusal, suspension, or revocation of a license or certificate to practice at the time the act was committed; and

3. The applicant has not been disciplined under the laws of a licensing or credentialing entity in another jurisdiction and is not the subject of an unresolved complaint, review procedure, or disciplinary proceeding under the laws of a licensing or credentialing entity in any other jurisdiction.

(F) Submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigation (FBI) fingerprint criminal history background check. Any fees due for fingerprint background checks shall be paid by the applicant directly to the fingerprint vendor or as otherwise set out in the board's rules;

(G) If the board is unable initially to determine if the licensing requirements of the state, district, or territory in which the appli-

cant is currently licensed are equivalent to Missouri's licensing requirements, the applicant shall, upon request, submit documentation as necessary to assist the board in determining whether such other jurisdiction's licensing requirements are equivalent to the licensing requirements of this state;

(H) Proof of satisfactory completion of the jurisprudence examination regarding the laws and rules of the State of Missouri related to the applicant's profession;

(I) Such additional information as the board may request to determine eligibility for a temporary courtesy license pursuant to the provisions of 20 CSR 2070-2.040(3).

AUTHORITY: sections 324.008 and 331.100, RSMo 2016. Original rule filed March 29, 2019, effective Oct. 30, 2019.*

**Original authority: 324.008, RSMo 2011 and 331.100, RSMo 1939, amended 1949, 1969, 1980, 1981, 2008, 2013.*