



**Rules of
Department of Insurance,
Financial Institutions and
Professional Registration**

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

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**Title 20—DEPARTMENT OF
INSURANCE, FINANCIAL
INSTITUTIONS AND
PROFESSIONAL REGISTRATION
Division 2070—State Board of
Chiropractic Examiners
Chapter 2—General Rules**

**20 CSR 2070-2.020 Diagnostic Procedures
and Instruments**

PURPOSE: This rule outlines the diagnostic procedures and instruments that may be used by a doctor of chiropractic in discharging his/her duty to his/her patients.

(1) The board will approve a diagnostic procedure or instrument only after the board determines that the diagnostic procedure or instrument has a sound scientific basis and is commonly taught by approved chiropractic colleges.

(2) Those diagnostic procedures presently approved by the board include, but are not limited to:

(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.

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

(B) Radiographic Examination.

1. Motionless diagnostic X-ray study.

2. Fluoroscopy.

3. Cineradiography;

(C) Laboratory Examination.

1. Blood specimen.

2. Urine specimen.

3. Fecal specimen.

4. Sputum specimen; and

(D) Muscle testing with strength and endurance curves during isometric or isokinetic exercise, or both, mechanized or computerized evaluation with printout.

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 Rescinded*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.

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

20 CSR 2070-2.025 Use of X-rays

PURPOSE: This rule advises chiropractic physicians concerning the use of X rays and overutilization.

(1) A chiropractic physician shall not overutilize or otherwise improperly use ionizing radiation. 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;

(B) Any offer or advertising of free X-rays to actual or potential patients shall be accompanied by the statement—"if necessary"; and

(C) Repeat radiographic evaluation of the patient shall not be undertaken without significant observable clinical indication, as determined by the treating chiropractic physician. The significant observable indication required by this subsection shall not apply to reevaluations of the spinal subluxation complex. The spinal subluxation complex is determined to be a significant observable indication.

(2) The licensee must register the X-ray equipment with the Bureau of Radiological Health, Missouri Department of Health, P.O. Box 570, Jefferson City, MO 65102, (314) 751-6083 every two (2) years.

(3) The licensee must maintain X-ray equipment in compliance with state rules of the Missouri Department of Health.

(4) Violation of this rule is considered unprofessional conduct and is grounds for disciplinary action.

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.*

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

20 CSR 2070-2.030 Adjunctive Procedures

PURPOSE: This rule outlines adjunctive procedures that may be used by doctors of chiropractic.

(1) 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.

AUTHORITY: section 331.010, RSMo 2000. 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.*

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

**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) When used in the rules of the board, the terms Meridian Therapy or acupressure or acupuncture shall mean methods of diagnosing and the treatment of a patient by stimulating specific points on or within the body by various methods including, but not limited to, manipulation, heat, cold, pressure, vibration, ultrasound, light, electrocurrent, and short-needle insertion for the purpose of obtaining a biopositive reflex response by nerve stimulation.

(2) Acceptable practice and use of Meridian Therapy shall be limited to those methods and procedures that are commonly taught in chiropractic colleges having status with the Council on Chiropractic Education or are methods or procedures which have been approved by the board.

(3) In order to ensure that the public health and safety are protected and to maintain high standards of trust and confidence in the chiropractic profession and ensure the proper



conduct of the chiropractic practice involving the use of Meridian Therapy, the requirements contained in this rule must be met prior to one engaging in therapeutic procedures or announcing the availability of therapeutic procedures to the public.

(A) Each licensee seeking to provide Meridian Therapy in any of its aspects shall obtain a certificate from the board, which shall indicate that the licensee has complied with the provisions of this rule and has met the minimum standards contained in this rule. The application for a certificate shall be on a form provided by the board and accompanied by the required fee.

(B) In addition to the other information required to be provided on the application, each applicant shall certify to the board that s/he has either—1) successfully completed at least one hundred (100) hours' training, of undergraduate or postgraduate or a combination of each, in the use and administration of Meridian Therapy, which training was presented by a college of chiropractic having status with the Council on Chiropractic Education or 2) successfully completed at least one hundred (100) hours' training in the use and administration of Meridian Therapy in a course of study approved by the board.

(C) Effective March 1, 2005, an applicant for certification in Meridian Therapy shall pass the examination for acupuncture administered by the National Board of Chiropractic Examiners (N.B.C.E.) or an exam approved by the board.

(D) In order to maintain a valid certificate in Meridian Therapy, a licensee who holds a certificate at the time of making his/her license renewal must certify to the board that s/he has completed biennially a minimum of twelve (12) hours of continuing education, approved by the board, in Meridian Therapy. This continuing education shall apply toward attainment of the twelve (12) required hours of continuing education pursuant to 20 CSR 2070-2.080(5), the general studies category of continuing education.

1. Continuing education in the area of Meridian Therapy, acupuncture, and acupressure may also be submitted to the board for approval as formal continuing education hours.

(E) If a licensee allows his/her certification to lapse, the certification may be reinstated up to three (3) years after it has lapsed by submitting an application for reinstatement on a form provided by the board accompanied by the required fee, and upon the presentation to the board of twelve (12) hours of postgraduate study in Meridian Therapy, acupuncture, or acupressure prior to reinstatement of certification. The postgraduate study must be a course approved by the board.

(F) If a licensee allows his/her certification to lapse for more than three (3) years the licensee shall comply with the requirements of subsection (3)(B) of this rule, providing the hours were not used to obtain the original certification.

(4) Any licensee who shall advertise or announce to the public in any communication or solicitation that s/he engages in or provides Meridian Therapy in any of its aspects without having first complied with this rule shall be deemed to have engaged in false, misleading, or deceptive advertising.

(5) Sterilization of Nondisposable Needles and Disposition of Disposable Needles.

(A) Where nondisposable needles are used for acupuncture, the needles must be sterilized by—

1. Autoclave;
2. Dry heat sterilization; or
3. Ethylene oxide sterilization in accordance with directions of the manufacturer.

(B) Needles must be individually packaged for each patient. The individually packaged needles must either be discarded following patient treatment or sterilized according to the methods of sterilization listed in subsection (5)(A) when nondisposable needles are used.

(C) Needles must be disposed of according to Missouri and federal laws regarding disposal of infectious waste. In addition, all needles must be placed in rigid, leakproof and puncture resistant containers and sealed before disposal pursuant to 10 CSR 80-7.010. Noncorrosive needles must be used.

AUTHORITY: sections 331.010, 331.030.5 and .8, 331.050.1, and 331.100.2, RSMo Supp. 2008. 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.*

**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; 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.*

20 CSR 2070-2.032 Specialty Certification

PURPOSE: This rule outlines the requirements for applying to the board for recogni-

tion 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 and shall be accompanied by the required fee as defined in 20 CSR 2070-2.090. Within the application the following information and documentation shall be submitted:

(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 shall review an application for recognition of a specialty area and require 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 all documents requested by the board and the applicant shall 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 shall be entitled to use the terms “specialty” or “specializing in” on advertisements, letterhead, and signage. Any such specialty designate shall be preceded by the licensee’s name, and by one 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. 2006. 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.*

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

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 completed 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) A chiropractic physician who violates this rule is guilty of unprofessional conduct in the practice of chiropractic.

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

AUTHORITY: section 331.100.2, RSMo 1986. 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.*

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

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) Application for licensure shall be made on the application form provided by the board.

(2) Application forms may be obtained by writing the board at 3605 Missouri Boulevard, PO Box 672, Jefferson City, MO 65102-0672, contacting the board office at (573) 751-2104, or sending an email request for an application packet to chiropractic@pr.mo.gov.

(3) How to Complete the Application.

(A) All information requested on the application shall be either typewritten or handwritten legibly in black ink.

(B) All blanks shall be completed.

(C) Applicants should not use initials or nicknames on the application. If the applicant has no middle name, this should be indicated by placing NMN in the place where information is requested. If the applicant has an initial for the first or middle name, this should be indicated by adding the word ONLY following the initial.

(4) Items to accompany application for licensure by examination are—

(A) One (1) photograph as described in 20 CSR 2070-2.050(3)(B);

(B) Application processing or examination fee in the form of a money order or cashier’s check. Applicants shall pay the application processing fee if applying for licensure by examination (N.B.C.E. Part IV examination). The examination fee must accompany an examination application only in the event that the board administers its own practical examination. See 20 CSR 2070-2.050(3)(A); and

(C) Two (2) sets of fingerprints and the fingerprinting fee.

(5) Items to accompany application for licensure by reciprocity are:

(A) One (1) photograph as described in 20 CSR 2070-2.070(4);

(B) Reciprocity licensure fee in the form of a money order or cashier’s check;

(C) Proof of practice as described in 20 CSR 2070-2.070(5);

(D) Completed open-book jurisprudence examination;

(E) Copy of high school diploma or General Educational Development (GED) Certificate if applicant was licensed prior to preprofessional requirement;



(F) Two (2) sets of fingerprints and the fingerprinting fee; and

(G) An applicant requesting board authorization to take the Special Purposes Examination for Chiropractic (SPEC) administered by the National Board of Chiropractic Examiners shall have an application filed with the board and pay the applicable fee as defined in 20 CSR 2070-2.090(1)(C).

(6) An application for temporary licensure may be obtained by writing to the State Board of Chiropractic Examiners, PO Box 672, 3605 Missouri Boulevard, Jefferson City, MO 65102-0672, contacting the board office at (573) 751-2104, or sending an email request for an application for temporary licensure to chiropractic@pr.mo.gov.

(7) The applicant for temporary licensure shall submit the following along with the required form and fee as defined in 20 CSR 2070-2.090(1)(T):

(A) An original, unretouched, black and white or color photograph of the applicant taken within the last six (6) months, showing the head and shoulders front view, not to exceed two inches by two inches (2" × 2");

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

(C) Two (2) sets of fingerprints and fingerprint fee as defined in 20 CSR 2070-2.090(1)(O); and

(D) Satisfactory evidence that the applicant is licensed in another state to practice chiropractic.

(8) An applicant may request a temporary license be renewed for an additional ninety (90) days upon application to the board and payment of the required fee as defined in 20 CSR 2070-2.090(1)(U).

AUTHORITY: sections 43.543 and 331.030, RSMo Supp. 2006 and 331.100.2, RSMo 2000. 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.

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

20 CSR 2070-2.045 Board-Approved Chiropractic Colleges

PURPOSE: This rule defines the term board-approved chiropractic college and lists the approved chiropractic colleges.

(1) Under section 331.030, RSMo, the State Board of Chiropractic Examiners shall approve all chiropractic colleges having accredited status with the Commission on Accreditation of the Council on Chiropractic Education and will maintain a list of all approved chiropractic colleges which shall be available upon request.

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.*

**Original authority: 331.030, RSMo 1939, amended 1945, 1947, 1949, 1969, 1981, 1988, 1993, 1995, 1997; and 331.100.2, RSMo 1939, amended 1949, 1969, 1980, 1981.*

20 CSR 2070-2.050 Examination

PURPOSE: This rule explains examinations given by the State Board of Chiropractic Examiners, documentation required, deadlines, examination results, challenges and transcript language.

(1) All applicants for a certificate of registration shall pass all parts of the written examination administered by the National Board of Chiropractic Examiners (N.B.C.E.), including Parts I, II, III (the Written Clinical Competency Examination) and the elective section on Physiotherapy. Additionally, all applicants shall pass the regional/national practical examination (Part IV) administered by the N.B.C.E., and an examination over the Missouri statutes, rules and regulations. If the board determines that Part IV of the

N.B.C.E. examination no longer meets the practical examination requirements under section 331.030.6, RSMo, or if the board determines for any reason that it should administer a practical examination, applicants shall pass the practical examination administered by the board. The time and location of each examination may be obtained by contacting the board.

(2) No person shall be entitled to take the N.B.C.E. Part IV examination, or the board's practical examination, except graduates of or senior students in board-approved chiropractic colleges. Senior students will not be permitted to sit for the N.B.C.E. Part IV examination, or the board's practical examination, unless that student expects to graduate within six (6) months of the examination date.

(3) For a senior student to be eligible to take the N.B.C.E. Part IV examination, or the board's practical examination, the following documentation is required:

(A) Completed application which has been completed in accordance with the requirements of 20 CSR 2070-2.040 and examination or application processing fee;

(B) One (1) original, unretouched, black and white or color photograph of the applicant taken within the last six (6) months, showing the head and shoulders, front view, not to exceed two inches by two inches (2" × 2"), not a polaroid-type photograph;

(C) Official National Board of Chiropractic Examiners transcripts (Parts I and II); and

(D) A letter from the chiropractic college certifying the student's expected graduation date.

(4) The following documentation should be in the board office prior to licensure:

(A) The official chiropractic college transcript(s); and

(B) Official National Board of Chiropractic Examiners transcripts (Parts I, II, III, IV and the elective on Physiotherapy). A Part IV transcript is not required if the applicant is applying to take a practical examination administered by the board.

(5) Transcripts from foreign countries which are not in English shall have a certified English translation attached.

(6) If the candidate is applying for a practical examination to be administered by the board, the following procedures will apply:

(A) Before the examination, each applicant shall be given an identification number which shall be used during the examination. The candidate shall not be admitted to examination



unless he/she is wearing the identification badge assigned to him/her;

(B) All candidates for the board's practical examination, regardless of assigned identification number, shall report to the examination site at the time designated on the schedule letter;

(C) While examinations are in progress, any applicant detected cheating, attempting to give aid or accepting aid from another shall be excluded from further examination and the applicant's examination papers, if any, rejected;

(D) Any applicant who fails any portion of the board's practical examination three (3) times shall be required to return to an accredited chiropractic college and successfully complete a semester of additional study in the failed subjects; and

(E) If a candidate fails the examination or any portion thereof and subsequently passes an examination in another state, then wishes to obtain a Missouri license by reciprocity, that candidate shall successfully pass the previously failed section(s) of the Missouri board's practical examination or the Special Purposes Examination for Chiropractic (SPEC) which is administered by the National Board of Chiropractic Examiners before a license will be granted.

(7) Requirements for a passing score are—

(A) The applicant must achieve a composite score of seventy-five percent (75%) on the N.B.C.E. Part IV examination, or score seventy-five percent (75%) in each section of the board's practical examination.

(B) The applicant will be required to retake only the failed section(s), if any, of the board's practical examination or the examination over the Missouri statutes, rules and regulations, upon payment of the reexamination fee; and

(C) The applicant must receive a composite score of seventy-five percent (75%) on the jurisprudence examination regarding Missouri statutes and regulations.

(8) Notification of Examination Results if Taking a Practical Examination Administered by the Board.

(A) An applicant who receives a passing score will be notified that he/she has passed but will not be advised of the score received.

(B) An applicant who fails to achieve a passing score will be advised of his/her failure and the numerical score.

(9) Examination Review or Challenges to Examination Questions. Any dispute, disagreement, difference of opinion or challenge to any examination question, the method of examination or any other matter concerning any examination administered by the board

must be raised, in writing, at the time of the taking of the examination. Once the board's examination has been concluded, any dispute, disagreement, difference of opinion or challenge to the examination in any respect which was not raised as provided in this rule will be deemed waived and will not be considered by the board.

(10) Retention of Answer Sheets. The board shall retain answer sheets of its practical and jurisprudence examinations on all applicants for a period of one (1) year from the date of an examination.

(11) Those candidates for licensure who have successfully completed the N.B.C.E. Part IV examination, or a practical examination administered by the board, and have not obtained their licenses to practice may do so within three (3) years from the date of the examination.

(A) If the license is not obtained within the three (3)-year period and the applicant has not been practicing chiropractic, the applicant shall be required to return to an accredited chiropractic college for a semester of additional study in the clinical subjects, file the proper application, pass the N.B.C.E. Part IV examination, or the board's practical examination, and pay the required fee(s).

(B) If the license is not obtained within the three (3)-year period and the applicant has been practicing chiropractic in another state, territory or District of Columbia, or in any foreign country, the applicant may file application for license by reciprocity under the provisions of 20 CSR 2070-2.070.

(12) If the applicant fails to provide all materials required in 20 CSR 2070-2.050 within one (1) year of filing the application for licensure, the board may return the application and materials to the applicant. The applicant may request an extension of the one (1) year time period upon submitting a written request to the board outlining the reasons the applicant is not able to provide the documentation required for licensure.

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.

**Original authority: 331.030, RSMo 1939, amended 1945, 1947, 1949, 1969, 1981, 1988, 1993, 1995, 1997, 2004; and 331.100.2, RSMo 1939, amended 1949, 1969, 1980, 1981.*

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 recognized 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 Mis-

souri 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 read-

opted: 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. 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 should 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. Complaints may be made based upon personal knowledge or upon information and belief, reciting information received from other sources.

(3) All complaints shall be made by affidavit sworn before a notary public or other authorized officer and fully shall identify the affiant by name and address. Complaints may be made on forms provided by the board and available upon request. Oral, telephone or written information that is not notarized will not be considered or processed as complaints, but the person communicating with the board will be provided with a complaint form and requested to complete it and return it to the board in affidavit form. Any member of the administrative staff of the board may make and file a complaint based upon information and belief, in reliance upon oral, telephone or written communications received by the board, unless those communications are believed by that staff member to be false.

(4) Each complaint received under this rule shall be logged and maintained by the board for that purpose. The complaint information shall contain a record of each complainant's name and address; the name and address of the subject(s) of the complaint; the date each complaint is received by the board; a brief statement of the acts complained of, including the name of any person injured or victimized by the alleged acts or practices; a notation whether the complaint resulted in its dismissal by the board or informal charges being filed with the Administrative Hearing Commission; and the ultimate disposition of the complaint. This complaint information shall be a closed record of the board.

(5) Each complaint recorded under this rule shall be acknowledged in writing. The acknowledgement shall state that the complaint is being referred to the board for consideration at its next regularly scheduled meeting. The complainant shall be informed in writing as to whether the complaint is being investigated, and later, as to whether the complaint is being dismissed by the board or is being referred to legal counsel for filing with the Administrative Hearing Commission. The complainant shall be notified of the ultimate disposition of the complaint, excluding judicial appeals, and shall be provided with copies of the decisions (if any) of the

Administrative Hearing Commission and the board. The provisions of this section shall not apply to complaints filed by staff members of the board based on information and belief, acting in reliance on third-party information received by the board.

(6) Both the complaint and any information obtained as a result of the investigation shall be considered a closed record and shall not be available for inspection by the general public. However, a copy of the complaint and any attachments to it shall be provided to any licensee who is the subject of that complaint, or his/her legal counsel, upon written request to the board, by the licensee.

(7) This rule shall not be deemed to limit the board's authority to file a complaint with the Administrative Hearing Commission charging a licensee with any actionable conduct or violation, whether or not that complaint exceeds the scope of the acts charged in a preliminary public complaint filed with the board and whether or not any public complaint has been filed with the board.

(8) The board interprets this rule, which is required by law, to exist for the benefit of those members of the public who submit complaints to the board and for those persons or entities within the legislative and executive branches of government having supervisory or other responsibilities or control over the professional licensing boards. This rule is not deemed to protect, or inure to the benefit of, those licensees or other persons against whom the board has instituted or may institute administrative or judicial proceedings concerning possible violations of the provisions of Chapter 331, RSMo.

AUTHORITY: sections 620.010.15(6), RSMo Supp. 2003 and 331.100.2, RSMo 2000. 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.*

**Original authority: 331.100.2, RSMo 1939, amended 1949, 1969, 1980, 1981; and 620.010, RSMo 1973; amended 1981, 1983, 1986, 1989, 1990, 1993, 1994, 1995, 1999, 2001.*

20 CSR 2070-2.066 Post-Board Order Activity

PURPOSE: This rule outlines activities subsequent to disciplinary action against license holders by the State Board of Chiropractic Examiners.

(1) The Missouri State Board of Chiropractic Examiners shall publish or cause to be published all disciplinary actions regarding licenses, including the name of the licensee, the license number, any terms of suspension or probation, or other disciplinary action whether by consent or order, in any professional journal read by licensed chiropractors practicing in Missouri, in any newspaper of general circulation, in any newsletter published by the State Board of Chiropractic Examiners, or in any of these publications.

(2) The Missouri State Board of Chiropractic Examiners shall publicize the terms of a probationary agreement, including the name of the licensee, the license number and a summary of the complaint, in any journal read by licensed chiropractors practicing in Missouri or in any newspaper of general circulation, or in any newsletter published by the board, if the board determines, in its discretion, that this publication is necessary to protect the health and safety of the public.

(3) Any licensee whose license to practice chiropractic has been revoked or suspended shall—

(A) Surrender his/her license to the Missouri State Board of Chiropractic Examiners. When a suspension is ordered, the license shall be held by the Missouri State Board of Chiropractic Examiners for the duration of the suspension;

(B) Refrain from misrepresenting the status of his/her license to practice chiropractic to any patient or to the general public; and

(C) Refrain from maintaining a physical presence in any office organized to practice chiropractic in Missouri during the period of suspension.

(4) Any licensee whose license to practice chiropractic in Missouri has been revoked or suspended for a period of one (1) year or more in length shall—

(A) Notify regular patients of the suspension or revocation by mail within one (1) month after the effective date of the suspension or revocation;

(B) Remove any telephone listings identifying him/her as one licensed to practice chiropractic in Missouri;

(C) Remove his/her name from any sign, door, stationery or advertising material identifying him/her as one licensed to practice chiropractic in Missouri; and



(D) Refrain from addressing the public in any manner which may suggest that s/he is licensed to practice chiropractic in Missouri.

(5) The Missouri State Board of Chiropractic Examiners may impose any other reasonable and nonarbitrary requirement which, in its discretion, may be necessary to enforce an order of suspension or revocation.

(6) Any violation of a suspension order or a post-order requirement shall constitute grounds for the Missouri State Board of Chiropractic Examiners to impose further suspension or to revoke the licensee's license to practice chiropractic.

(7) Any violation of a probationary agreement shall constitute grounds for the Missouri State Board of Chiropractic Examiners to impose a further period of probation, a period of suspension or to revoke the licensee's license to practice chiropractic, unless the probationary agreement expressly provides otherwise.

(8) When any disciplinary sanctions have been imposed under Chapter 331, RSMo against any licensee, or if at any time the licensee removes him/herself from Missouri, ceases to be licensed currently as provided by Chapter 331, RSMo or fails to keep the Missouri State Board of Chiropractic Examiners advised of his/her current place of business or residence, the time of his/her absence, unlicensed status or unknown whereabouts shall not be considered or taken as part of the time of the discipline so imposed.

*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.*

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

20 CSR 2070-2.070 Reciprocity

PURPOSE: This rule states the requirements and procedures for obtaining a license by reciprocity.

(1) A person licensed to practice chiropractic in any other state may be licensed to practice in this state by complying with the provisions of Chapter 331, RSMo and the board's regulations.

(2) Application for licensure by reciprocity shall be made on a form provided by the board and completed in accordance with the requirements of 20 CSR 2070-2.040.

(3) Application forms may be obtained by writing the board at 3605 Missouri Boulevard, or PO Box 672, Jefferson City, MO 65102-0672, calling the board at (573) 751-2104 or sending an email to chiropractic@pr.mo.gov.

(4) The following documentation must be received by the board before a license will be issued:

(A) An original, unretouched, black and white or color photograph of the applicant taken within the last six (6) months, showing the head and shoulders, front view, not to exceed two inches by two inches (2" × 2");

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

(C) Official chiropractic college transcript(s);

(D) Official National Board of Chiropractic Examiners transcript(s), if any;

(E) Satisfactory evidence that the applicant has practiced continuously for at least one (1) year immediately preceding the filing of the application;

(F) Copy of the law and rules of the state from which applicant is reciprocating at the time the applicant was licensed;

(G) Certification of licensure/endorsement, including examinations taken and grades obtained in each examination, from all states in which applicant is or has been licensed; and

(H) Completed application and reciprocity license fee.

(5) When a chiropractic physician obtains a Missouri license by reciprocity, the licensee shall submit proof of having obtained the required postgraduate education hours prior to the first renewal period.

(6) When applicant is seeking Missouri licensure by reciprocity and that state's requirements for securing a chiropractic license are not equivalent to the requirements of this state for licensure, the board may, in its discretion, require the applicant to successfully complete the Special Purposes Examination for Chiropractic (SPEC) administered by the National Board of Chiropractic Examiners.

*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.

**Original authority: 331.030, RSMo 1939, amended 1945, 1947, 1949, 1969, 1981, 1988, 1993, 1995, 1997, 2004; and 331.100.2, RSMo 1939, amended 1949, 1969, 1980, 1981.*

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 20 CSR 2070-2.080(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 for the calendar year that the license was issued; 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 20 CSR 2070-2.080(4). 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 20 CSR 2070-2.080(3) and (5). If a licensee is unable to complete the required biennial continuing education, 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 three (3) of the following formal categories:

1. Diagnostic imaging (X ray);
2. Differential or physical diagnosis or both;
3. Ethical practices. Continuing education courses acceptable for this area include topics such as professionalism, doctor-patient relationship, legal issues and responsibilities, confidentiality, and advertising;
4. Emergency procedures. Cardiopulmonary resuscitation (CPR) and/or first aid offered by the American Red Cross or other board-approved sponsoring organization shall be acceptable as meeting the continuing education requirements for this category;
5. Human immunodeficiency (HIV), infection diseases, and/or universal precautions;
6. Cerebrovascular accident (CVA) and/or transient ischemic attack (TIA);
7. Disc injury;
8. Aggravated spinal conditions and/or injury;
9. Record keeping and/or Subjective Objective Assessment Plan (SOAP) notes;
10. Soft tissue injury;
11. Nutrition;
12. Chiropractic principles and/or technique(s);
13. Health promotion and wellness;
14. Case studies in chiropractic that consist of presentations relating to articles published in scholarly journals, treatises, or textbooks used by board-approved Council of Chiropractic Education (CCE) colleges and/or universities and evidence-based and/or value-based studies;
15. Insurance consulting; or
16. 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)(A) and board approval.

(5) The remaining continuing education hours may consist of general studies as follows:

(A) Meetings. Registered attendance at relevant professional meetings which include, but are not limited to, national, regional, state, and local professional association meetings and open meetings of the State Board of Chiropractic Examiners. To earn continuing education credits in this category, roll call must be taken and recorded in the official minutes of the meeting. A maximum of six (6) continuing education credit hours are allowable in this category during each continuing education reporting period but no more than two (2) continuing education credits shall be earned per meeting. If the meeting is less than two (2) hours in duration, continuing education credits will be granted for actual attendance time but in increments of not less than one (1) hour. If the meeting has a duration of ninety (90) minutes, continuing education credits may be granted for one and one-half (1.5) hours;

(B) Publications. Books and/or articles published by licensee in professional books, national or international journals, or periodicals. A maximum of six (6) continuing education credits are allowable in this category during each continuing education reporting period. Publications must be relevant to chiropractic to qualify for continuing education credits under this rule;

(C) Presentations. 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;

(D) Home Study. Self-study of professional material including relevant books, journals, periodicals, videos, tapes, and other materials and preparation of relevant lectures and talks to public groups. Continuing education credits will be granted at the rate of one (1) hour for reading a national or international journal or periodical and four (4) hours for reading a book. To qualify for continuing education credits under this category, the journal, periodical or book must be related to the clinical practice of chiropractic; and

(E) Individual Study. Relevant chiropractic courses subscribed via the Internet or by other electronic means.

(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 regulation, 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) The twenty-four (24) biennial hours of general continuing education study 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 courses in diagnostic imaging, differential or physical diagnosis or both, and risk management as defined in 20 CSR 2070-2.080(3)(C).

(8) Chiropractic physicians who teach continuing education approved by the board may receive up to a maximum of twenty-four (24) hours of continuing education credit for teaching courses in general subjects biennially.

(9) 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 twenty-four (24) hours biennially of continuing education for teaching courses pursuant to 20 CSR 2070-2.031(3) MTAA or 20 CSR 2070-4.030(2) insurance consulting.

(10) For the purpose of this regulation the teacher or instructor must teach a minimum of four (4) clock hours as defined in 20 CSR 2070-2.080(4)(A).

(11) A renewal license will not be issued until all renewal requirements have been met. If the licensee pays the continuing education penalty fee for continuing education credits earned late, those hours shall not be applied to the next reporting cycle. A licensee who has failed to obtain and verify, in a timely fashion, the requisite number of continuing education credits shall not engage in the practice of chiropractic unless an extension is obtained pursuant to section (13) of this rule.

(12) For the license renewal the licensee shall verify the number of continuing education credits earned during the last two (2) immediately preceding continuing education reporting periods. Effective March 1, 2009, the licensee shall verify the number of continuing



education credits earned during the current biennial cycle on the renewal form provided by the board. The renewal form shall be mailed directly to the board office on or before the expiration date of the license. The licensee shall not submit the actual record of continuing education attendance to the board except in the case of a board audit.

(13) Each licensee shall maintain full and complete records of all continuing education credits earned for the two (2) previous reporting periods in addition to the current reporting period. Formal continuing education credit hours shall be documented by the sponsor of the approved continuing education program and provided to the licensee within thirty (30) days from the date of the program. The licensee is responsible for maintaining that record of attendance as set forth in 20 CSR 2070-2.081(2)(A)7. Continuing education credits earned through other continuing education experiences shall be documented by the licensee and such documentation shall contain, at a minimum, the number of hours earned, and these hours shall be separated in the various categories defined in 20 CSR 2070-2.080(3)(A). The board may conduct an audit of a licensee's formal continuing education hours as defined in 20 CSR 2070-2.080(3)(A) to verify compliance with the continuing education requirement. Licensees shall assist the board in its audit by providing timely and complete responses to the board's inquiries. A response is considered timely if received in the board office within thirty (30) days of a written request by the board for such information.

(14) A licensee who cannot complete the requisite number of continuing education credits because of personal illness, military service, or other circumstances beyond the licensee's control which the board deems to be sufficient to impose an insurmountable hardship may apply for an extension of time to complete the continuing education requirements. Any extension of time to complete the continuing education requirements will be granted solely in the discretion of the board. The licensee must make a written application for extension of time prior to the deadline for completion of the continuing education requirement. The licensee shall provide full and complete written documentation of the grounds supporting the reasons for which an extension is sought. A licensee who requests an extension of time to complete the requisite hours of continuing education shall not engage in the active practice of chiropractic until the board grants the licensee's request

for extension and the licensee receives express written authorization to do so.

(15) The board shall not grant continuing education credit to any licensee for attending a continuing education course if the licensee attended a subsequent course on the same subject matter during the same continuing education reporting period.

(16) Chiropractic physicians holding a Missouri license, but not practicing in Missouri, may use the approved continuing education hours required of the state in which they practice for license renewal, without prior approval, provided that the continuing education requirement is met and provided that the continuing education falls within the definition set forth in 20 CSR 2070-2.081. 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 and the hours shall be approved by the Missouri board or offered by a college of chiropractic accredited by the CCE.

(17) In order for the board to consider waiving the continuing education requirement for license renewal, all requests for waivers due to illness must be accompanied by a written statement from a practitioner of the healing arts stating the diagnosis, prognosis and length of time the chiropractic physician will be unable to practice or attend an educational program. Waivers due to illness may be granted only to a licensee who has suffered a personal illness or personal disability of a nature as to prevent him/her from engaging in the active practice of chiropractic for at least the majority of the continuing education reporting period.

(18) Reinstatement of License:

(A) A chiropractor that has been licensed in Missouri may apply for reinstatement of an expired or inactive license upon submission of the following:

1. Application for reinstatement;
2. Reinstatement fee;
3. Proof that the applicant has been licensed and eligible to practice in another state for at least one (1) year preceding the application for reinstatement;
4. Two (2) sets of fingerprints for the purpose of conducting a criminal background check by the Missouri State Highway Patrol and Federal Bureau of Investigation (FBI). The applicant shall provide proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor(s) for both

a Missouri State Highway Patrol and FBI criminal background check. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background check shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor(s). For the purpose of application for licensure, the results of the criminal background check shall be received in the board office prior to the issuance of a license and shall be valid for no more than one (1) year from the date the results of the criminal background check were received in the board office;

5. Completion of the required biennial continuing education hours for Missouri licensure renewal as defined in 20 CSR 2070-2.080(3) and (5); or

6. Completion of the continuing education hours required by the state in which the applicant is licensed.

(B) When a chiropractic physician applies to reinstate a license that has been expired or inactive for at least five (5) years, and he/she has not been licensed and eligible to practice in another state for the five (5) years preceding the application for reinstatement, the chiropractic physician must return to a CCE-accredited chiropractic college for a course of study. A course of study for reinstatement of a license shall consist of passing a minimum of twelve (12) semester hours as follows:

1. Four (4) semester hours in chiropractic clinical reasoning;
2. Three (3) semester hours clinical diagnosis; and
3. Five (5) semester hours diagnostic imaging.

(C) The applicant for reinstatement shall document completion of the required course of study with an official transcript from the chiropractic college.

(D) A chiropractor with an expired or inactive Missouri license for less than five (5) years from the expiration date and not licensed and eligible to practice in another state may apply for reinstatement of such license upon submission of the following:

1. Application for reinstatement;
2. Reinstatement fee;
3. Two (2) sets of fingerprints for the purpose of conducting a criminal background check by the Missouri State Highway Patrol and Federal Bureau of Investigation (FBI). The applicant shall provide proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor(s) for both a Missouri State Highway Patrol and FBI criminal background check. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background check shall be paid by the applicant



directly to the Missouri State Highway Patrol or its approved vendor(s). For the purpose of application for licensure, the results of the criminal background check shall be received in the board office prior to the issuance of a license and shall be valid for no more than one (1) year from the date the results of the criminal background check were received in the board office; and

4. Completion of the required biennial continuing education hours for Missouri licensure renewal as defined in 20 CSR 2070-2.080(3) and (5).

(19) Applications for renewal shall be post-marked by the expiration date of the license.

(20) Chiropractic physicians acting as associate examiners for either the state board practical examination or the regional/national practical examination (Part IV) administered by the National Board of Chiropractic Examiners (N.B.C.E.) may receive up to a maximum of twenty-four (24) hours per year of continuing education credit for the administration of the examination:

(A) For the first full day of service provided to the N.B.C.E. in administering the Part IV examination, associate examiners will be credited with four (4) hours of continuing education in differential or physical diagnosis and four (4) hours of credit in general chiropractic continuing education;

(B) For the second full day of service provided to the N.B.C.E. in administering the Part IV examination, associate examiners will be credited with eight (8) hours of general chiropractic continuing education;

(C) If a chiropractic physician should provide less than four (4) hours of service to the N.B.C.E. in any one administration of the Part IV examination, continuing education credit will not be available to that licensee. Continuing education credits earned from administering the Part IV examination shall be in the formal continuing education category;

(D) If the associate examiner attends the examiner orientation as part of the N.B.C.E. examination administration the associate examiner is eligible for two (2) hours of continuing education in boundary training for each full day the associate examiner participates in the N.B.C.E. administration;

(E) If the associate examiner proctors the X-ray portion of the N.B.C.E. the associate examiner is eligible for one (1) hour of continuing education in X-ray for each examination session. The associate examiner shall be eligible for up to four (4) hours of continuing education credit in X-ray for proctoring the X-ray portion of the examination the entire

day; and

(F) Chiropractic physicians participating in the development of Parts I-IV, physiotherapy, or acupuncture examinations administered by the N.B.C.E. may submit proof of attendance to the board for continuing education approval.

(21) A licensee may submit an application to the board to be classified as inactive. An inactive licensee shall be defined as a chiropractic physician formally licensed by the board that has been approved for inactive status and is not engaged in the practice of chiropractic as defined in section 331.010, RSMo.

(22) If a bad check is received by the board to renew a license and if the replacement fee is not received prior to the expiration date of the license, the license will not be current and the licensee shall not practice until the reinstatement form and fee have been submitted to the board.

(23) Violation of any provision of this rule shall be deemed by the board to constitute misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct in the performance of the functions or duties of a chiropractic physician depending on the licensee's conduct. In addition, a licensee who has failed to complete and report in a timely fashion the requisite hours of continuing education and engages in the active practice of chiropractic without the express written authority of the board shall be deemed to have engaged in the unauthorized practice of chiropractic.

AUTHORITY: sections 331.050 and 331.100.2, RSMo Supp. 2008. 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.

**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.*

20 CSR 2070-2.081 Postgraduate Education

PURPOSE: This rule defines postgraduate education, sets out the requirements for sponsoring organizations and explains procedures for inactive chiropractic physicians to obtain a semester of review prior to reactivation of a license.

(1) Postgraduate study as used in this rule and as used in section 331.050, RSMo, is defined as a course of study designed to instruct individuals licensed as chiropractic physicians in Missouri. The term postgraduate study may be used interchangeably with the terms continuing education and postgraduate education.

(2) For board approval of postgraduate education programs, sponsoring organizations shall forward to the board one (1) copy of the completed application, syllabus, or outline of material covered in the course and *vitae* on the speaker(s). This material must be received in the board office at least thirty (30) days prior to the seminar to receive board approval. A request for approval of a seminar will not be considered by the board if the request is made after the seminar has occurred.

(A) Any sponsoring organization wishing to provide continuing education via the Internet shall submit 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 posttest 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.

(B) A sponsoring organization 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 shall properly monitor the attendance of the chiropractic physician at the program; and

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

(4) If any program submitted for board approval does not meet the requirements of section (3) of this rule, such program(s) will not be approved. If an application for continuing education is not approved by the board or is incomplete, the application will be returned to the sponsoring organization with a written explanation regarding why the application was not approved or was incomplete. Upon correcting any deficiencies on the application, the sponsoring organization may resubmit the application and shall pay the applicable fee as required in 20 CSR 2070-2.090 (1)(O).

(5) Continuing education programs in diagnostic imaging 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(3) 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(3) 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 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(6). 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 it shall 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 Supp. 2008.* 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.

*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.

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) Examination Fee	\$300*
(B) Reexamination Fee	
(per section)	\$ 35
with maximum fee of	\$105
(C) Application Fee	\$200
(D) Renewal Fee	\$125
(E) Inactive Status Fee	\$100
(F) License Reinstatement Fee	\$100
(G) Certificate of Corporations Fee	\$ 15
(H) Certification of Licensure Fee	\$ 10
(I) Section Regrade Fee	
(Written Practical)	\$ 25
(J) Reevaluation Fee	
(Oral Practical)	\$ 50
(K) Meridian Therapy/Acupressure/Acupuncture Certification Application Fee	\$100
(L) Preceptorship Program Application Fee	\$ 35
(M) Insurance Consultant Certification Application Fee	\$100
(N) Fingerprinting Fee	
(amount determined by the Missouri State Highway Patrol)	
(O) Continuing Education Sponsor Fee (per session)	\$ 5
(P) Biennial Continuing Education Sponsor Fee	\$500**



(Q) Continuing Education Late Fee	\$150
(R) Bad Check Fee	\$ 25
(S) Temporary License Fee	\$100
(T) Renewal Temporary License	\$ 25
(U) Specialty Certification Review Fee	\$150
(V) Specialist Certification Application Fee	\$100
(W) Specialty Certification Reinstatement Fee	\$ 25

*If the candidate has not taken the board examination within four (4) consecutive examinations for which the candidate would be eligible, the candidate must pay new examination fee. Candidates taking the National Board of Chiropractic Examiners (N.B.C.E.) regional/national practical examination (Part IV) will pay an examination fee directly to the N.B.C.E. This fee will be determined by the N.B.C.E.

**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 applications filed by the continuing education sponsor. If a provider has paid a fee for each session, prior to submitting the five hundred dollars (\$500) biennial fee, the per session fee will not be refunded.

(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 43.543 and 331.100.2, RSMo Supp. 2014, and section 331.070, RSMo 2000.* 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.

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

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 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 shall not 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. Any violation of this subsection (F) shall be deemed the use



of an advertisement which is false, deceptive, or misleading to the general public, in violation of section 331.060.2(14), 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.

(H) Failure on the part of a licensee of the State Board of Chiropractic Examiners to comply with the provisions of Chapter 356, RSMo or this rule is deemed to be conduct which is unprofessional or improper in the practice of chiropractic, in violation of section 331.060.2(18), RSMo.

AUTHORITY: sections 331.060, 331.070, 331.100.2, 356.041.4, 356.111 and 356.191, RSMo 2000. 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.*

**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; 356.041.4, RSMo 1986; 356.111, RSMo 1986, amended 1991, 1993; and 356.191, RSMo 1986.*