

**Texas Board of Chiropractic Examiners (Board)**  
**Scope of Practice Inquiry**  
(Use a separate form for each question.)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**QUESTION** (*Describe in as much detail as possible*):

Upon receipt of this inquiry, the Board will refer the question to the Rules committee for deliberation. Check the agency website for dates and times of meetings. Should the Board adopt or prohibit the use of the procedure for chiropractors in Texas it will be codified in Rule.