MINNESOTA BOARD OF CHIROPRACTIC EXAMINERS
NAME AND/OR ADDRESS CHANGE FORM

Per MN Rule 2500.1105, licensees must notify the MN Board of Chiropractic Examiners (MBCE) if a name or address change has occurred within 30 days. Name changes require additional legal documentation (i.e. certified copy of the marriage certificate or court order authorizing the name change). Failure to notify the Board may create difficulties receiving renewal and other important notices; and may be considered a violation of the Practice Act.

Effective Date		**DC License #**
Current Last Name	**Current First Name**	**Current Middle Name**
Previous Last Name (if applicable)	***Previous First Name***	***Previous Middle Name***

Address Line 1_____

Address Line 2_____

Address Line 3_____

City_____ **State**_____ **Zip**_____

Please designate this address as:
☐ Business ☐ Home* ☐ Other*

Please also designate this address as:
☐ Public & Mailing ☐ Public* ☐ Mailing*

***** I understand that the MBCE requires the following address designations: "business, public, and mailing". By checking only home, other, public, or mailing, I understand that I must provide an alternate address below to meet these requirements. Otherwise the MBCE will be required to consider this address as my public, mailing and business address. *Unless I am not in the workforce and may check this box:*

☐ I do not have a business address because I am not in the workforce

Alternate Address (if required to meet the Business, Public, or Mailing address requirements):

Address Line 1_____

Address Line 2_____

Address Line 3_____

City_____ ***State***_____ ***Zip***_____

Please designate this alternate address as:
☐ *Business* ☐ *Home* ☐ *Other*

Please also designate this alternate address as:
☐ *Public & Mailing* ☐ *Public* ☐ *Mailing*

In addition to my DC license; please apply these address changes to my registrations as follows:

☐ AC – Animal Chiropractic
☐ AU – Acupuncture
☐ GP – Graduate Preceptorship
☐ IE – Independent Examiner
☐ PF – Professional Firm(s)

NOTE: If no boxes are checked, the MBCE will NOT change the address on file for any registrations!

New Email

New Phone Number _____

Please designate this number as:
☐ Primary & Public ☐ Primary* ☐ Public*

Please also designate this number as:
☐ Business ☐ Cell ☐ Other

*By checking this option, I understand I must provide an alternate phone number below to meet the Primary and Public requirement. Otherwise, the MBCE will be required to consider this number to be both primary and public.

Alternate Phone Number: _____

Please designate this alternate number as:
☐ *Primary & Public* ☐ *Primary* ☐ *Public*

Please also designate this alternate number as
☐ *Business* ☐ *Cell* ☐ *Other*

Signature *(Required)*_____ **Date**_____

Duly sworn before me on this _____**day of** _____**,**_____

(Notary Seal)

Signature of Notary *(Required)*

<u>Please return this ORIGINAL form (with additional legal documentation if requesting a name change) to:</u>

Minnesota Board of Chiropractic Examiners; 2829 University Avenue SE, Ste 300; Minneapolis, MN 55414