



# Minnesota Board of Chiropractic Examiners

## VOLUNTARILY RETIRED LICENSE STATUS REGISTRATION APPLICATION

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

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

City, State Zip Code: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

MN License No: \_\_\_\_\_ Length of time in MN: \_\_\_\_\_

List other state(s) in which you hold a license and the status of that license: \_\_\_\_\_

Are you the subject of pending or final disciplinary action against your license in another state? \_\_\_\_\_ If yes, explain on a separate sheet of paper.

### AFFIDAVIT

By placing my license into a voluntarily retired status, I am relinquishing all rights to actively practice chiropractic in the state of Minnesota.

At such time as I apply to return my voluntarily retired status license to an active status, I understand that any continuing education obtained as a requirement for reinstatement of my license shall be separate from, and shall not apply to, active status license renewal requirements in effect at the time of reinstatement.

Further, I understand that once my license has been in voluntarily retired status for more than five years, my license may only be returned to active status following examination.

I, the undersigned, being duly sworn, do state upon oath that I understand and agree to the above.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Signature of Notary (SEAL)

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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This information will be made available, upon request, in alternative formats (for example, large print, Braille, cassette tape, etc.)

### MBCE OFFICE USE ONLY

Date of approval \_\_\_\_\_ Signed \_\_\_\_\_

2829 University Avenue SE #300, Minneapolis, Minnesota 55414-3220  
Telephone 651-201-2850 • Fax 651-201-2852 • Internet www.mn-chiroboard.state.mn.us

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