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### **Rights of Subject Data - Tennesen Warning**

You are being asked to supply private or confidential data as part of an application for issuing or renewing either a license or registration. The purpose and intended use of this information is to enable the Board to determine whether you meet statutory and rule requirements for license or registration issuance or renewal. You are not required to provide this information. However, your failure to do so may impede your ability to receive or renew a license or registration. This data is classified as confidential during the pendency of the application but may then, with the exception of Social Security Numbers, become public following issuance or renewal of the license or registration. Board staff, Board designees, and staff of the Attorney General's office may have access to this data, as required for review of this application. Questions and answers regarding previous licensure or conduct are maintained as confidential, and will become private once the license or registration is issued or renewed. You have the right to consult with legal counsel before providing any information to the Board.

### **Information About this Application**

The Minnesota Board of Chiropractic Examiners (MBCE) provides this application for the purpose of applying for an Acupuncture registration, under your Doctor of Chiropractic license. This registration will allow you to provide acupuncture as a modality to be utilized as an adjunct to the chiropractic adjustment.

Once all application requirements are submitted, they will be reviewed, and upon approval of registration a certificate will be mailed to the public address on file.

The MBCE requires Primary Source Verification. All documents must be the original or a certified copy or be sent directly from the institution to the MBCE.

**\*\*\*You are not authorized to provide acupuncture services until your application has been approved.\*\*\***

### **Related Minnesota Statutes and Rules**

[MINN. STAT. 148.01 Chiropractic](#)

[MINN. R. 2500.1200 Continuing Education](#)

[MINN. R. 2500.3000 Acupuncture](#)

[MINN. R. 2500.3100 Inactive Acupuncture Registration](#)

[MINN. R. 2500.3200 Annual Renewal of Inactive Acupuncture Registration](#)

[MINN. R. 2500.3300 Reinstatement of Inactive Acupuncture Registration](#)

This application must be mailed or dropped off to:

**Minnesota Board of Chiropractic Examiners, 335 Randolph Avenue, Suite 280, St. Paul, MN 55102**

Please direct any questions to the Licensing Coordinator at 651-201-2848 or [Chiropractic.Board@state.mn.us](mailto:Chiropractic.Board@state.mn.us)

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**Step 1: Applicant Information**

First Name	Middle Name	Last Name	Suffix
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Other/Alias/Maiden Name	MN DC License #	Email address	

I affirm my contact information on record with the MBCE is current and accurate. I understand that I am required by law to update my contact information within 30 days of any change by logging into my secure Online Services account.

**Step 2: Education**

Choose ONE of the following two options:

1. I have completed no less than 100 hours of study (minimum of 30% being in-person/hands-on), in the utilization of acupuncture through approved courses or seminars, per MINN. R. 2500.3000.

Name of Sponsor
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Name of Course(s)
Dates attended

I have requested a transcript be sent to the MBCE at [chiropractic.board@state.mn.us](mailto:chiropractic.board@state.mn.us).

I have requested/will request my National Board of Chiropractic Examiners Acupuncture Examination score be sent to the MBCE through [www.mynbce.org](http://www.mynbce.org).

**OR**

2. I do not have proof of completion of 100 hours of study as approved under MINN. R. 2500.3000, and instead apply under MINN. R. 2500.0800 "License Transfer". I will submit all requested documentation.

I affirm I have obtained no less than 100 hours of acupuncture-related education from an educational institution approved by the board *prior* to the submission of this application.

I have performed no less than 500 acupuncture-related patient visits per year for at least three years preceding this application for registration.

**Step 3: Affidavit**

As part of my annual Continuing Education requirements, I am required to obtain two (2) Continuing Education units of acupuncture or acupuncture-related subjects. The continuing education courses must be recognized and approved by the board or a board-approved sponsor.

It is unprofessional conduct to maintain unsanitary or unsafe equipment as it relates to the utilization of acupuncture.

Upon receiving a registration certificate from the board, a Doctor of Chiropractic may utilize acupuncture to prepare for or complement a chiropractic adjustment.

I understand that an Acupuncture Registration expires on September 15 of each year. To renew, I must complete the online renewal application and pay the annual renewal fee of \$100.

**Step 4: Notarization**

By my signature below, I affirm that I have read and agree to all statements contained in this application.

Applicant's Signature BEFORE a Notary

Date

(NOTARY SEAL)

**Notary:**

Signed and affirmed before me;

Signature of Notary Officer

Date

My Commission Expires

**Step 5: Fee and Submission**

**Enclosed:**

\$200 non-refundable application fee, payable to MBCE\*

\*Personal/business check, bank-issued cashier's check, bank or USPS issued money order

Notarized application

**Mail to:**

Minnesota Board of Chiropractic Examiners  
335 Randolph Avenue, Suite 280  
Saint Paul, MN 55102-5501

~~~~~ MBCE OFFICE USE ONLY ~~~~~

| Form Information         | Received Stamp | Payment Information                     |
|--------------------------|----------------|-----------------------------------------|
| Incomplete Form Returned |                | Check / Money Order / Cashier's Check # |
| Date Re-Received Form    |                | Total \$                                |
|                          |                | Detail (if needed)                      |
|                          |                | Initials                                |

Signature of Executive Director

Date of Approval