

Minnesota Board of Chiropractic Examiners Acupuncture Initial Application

Rights of Subject Data – Tennessean 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, 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) is providing this application to you to register to provide acupuncture as an adjunct to chiropractic care.

Pursuant to Minnesota Rule, part 2500.3000, subpart 2, you are required to register with the MBCE to perform acupuncture. Please submit the attached application and return it to this office with a filing fee of \$100. Only documents with original signatures will be accepted, faxes are not acceptable.

Applicants must also arrange for the MBCE to receive **official*** certificates of standing and transcripts as described below:

- **Official*** certificates of good standing from each state or jurisdiction in which you are or were previously licensed, other than Minnesota.
- **Official*** transcripts showing completion of an approved program of at least 100 hours of study in the utilization of acupuncture. Courses offered by accredited schools, the National Acupuncturists' Association, or separately approved by the board according to parts 2500.1200 to 2500.1600 shall be accepted by the Board; and
- **Official*** proof of successful completion of either the National Board of Chiropractic Examiners Acupuncture Examination or the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) Examination.

When all materials are received, we will issue your acupuncture certificate. Upon receipt of this certificate you will be authorized to provide acupuncture services *in conjunction with* chiropractic care.

If you have any questions, you may contact the Licensing Coordinator at 651-201-2848.

***Official means an original document received by the MBCE directly from the issuing agency.** Duplicates or documents not properly sealed and submitted directly *by the issuing agency* will not be accepted.

Step 3: Notarized Signature

The following must be signed by the applicant (as named in step one) in front of a Notary Public:

I further acknowledge and agree as follows:

- I have enclosed a check or money order in the amount of \$100 made out the MBCE.
- This registration will expire on September 15th of each year unless renewed.
- Renewal of this registration is dependent upon my meeting all renewal requirements established by rule.
- I agree to abide by the standards set by rule regarding sterilization of needles and utilization of acupuncture.

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

Applicant's Signature BEFORE a Notary

Date

NOTARY:

Subscribed and sworn before me personally on:

This _____ day of _____,

(NOTARY SEAL)

Signature of Notary

Step 4: Fee & Submission

Mail this notarized application, the required documentation, and fee of **\$100**, payable to the **MBCE** by U.S. mail to: Note: Processing fees are non-refundable after processing has been initiated.

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

MBCE OFFICE USE ONLY

Form Related Information	Received Stamp	Payment Information
Incomplete Form Returned To Licensee		Check/money order Number
Date Re-Received Form		Fee \$
		Initials

Signature of Executive Director

Date of Approval