
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. 148.10 License Revoked; New Licenses](#)

[MINN. STAT. 148.108 Fees](#)

[MINN. R. 2500.3000 Acupuncture](#)

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

Step 1: Applicant Information

First Name	Middle Name	Last Name	Suffix
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: Reinstatement

Choose ONE of the following:

My Acupuncture registration has been Canceled for more than 30 days, but less than one (1) year. I must submit:

- Filing fee of \$200
- Penalty fees (if applicable)

My Acupuncture registration has been Canceled for more than one (1) year but less than five (5) years. I must submit:

- Filing fee of \$200
- Penalty fees (if applicable)
- Completion of ten (10) hours of acupuncture-related continuing education for each year the registration was not renewed.

My Acupuncture registration has been Canceled for more than five (5) years. I must submit:

- Filing fee of \$200
- Penalty fees (if applicable)
- Completion of NBCE Acupuncture Examination or the NCCAOM Examination

Step 3: 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 4: 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
 Additional requirements as listed in Step 2

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 / MO / CC / Cash # |
| Date Re-Received Form    |                | Total \$                 |
|                          |                | Detail (if needed)       |
|                          |                | Initials                 |

Signature of Executive Director \_\_\_\_\_

Date of Approval \_\_\_\_\_