Minnesota Board of Chiropractic Examiners Acupuncture Reinstatement from Inactive to Active

Rights of Subject Data – Tennessen 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 reinstate your Inactive acupuncture registration to Active status

Pursuant to MINN. R. 2500.3300, Subpart 1. Generally. An inactive acupuncture registration may be reinstated to an active acupuncture registration according to items A to C:

- A. completion of a board-approved application of reinstatement;
- B. payment of a reinstatement fee as authorized under Minnesota Statutes, section 148.108; and
- C. submission of a notarized statement from the doctor stating that the registrant has completed two hours of continuing education credits in acupuncture or acupuncture-related subjects as approved by the board for each year the registration was inactive.

Subp. 2. Denial. If any of the requirements of subpart 1, items A to C, are not met by the doctor, the board shall deny approval of the application for reinstatement. A person who maintains an inactive acupuncture registration will not be required to take the NBCE acupuncture examination for the purposes of reinstatement.

**Official means that each document is an <u>original</u> received by the MBCE <u>directly from</u> the issuing agency. Duplicates or documents not submitted directly by the issuing source will not be accepted.

When all materials are received, the MBCE will reinstate your acupuncture registration to Active. Upon receipt of this certificate, you will be authorized to provide acupuncture services *in conjunction with* chiropractic care.

The acupuncture registration is subject to an annual renewal of \$50, and the renewal is due on or before September 15 of each year.

Only documents with original signatures will be accepted, faxes are not acceptable.

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

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All boxes must be answered or marked as "not applicable", "n/a." Unanswered questions will result in the application being returned to you and will delay processing.



Step 1: Contact Information.

irst Name	Full Middle Name	Last Name	suffix (Jr/II)
Other/alias/maiden name		MN DC License #	
are current and accurate. I	understand that I am requi	ne number, and email address ired by law to update this infor nt to update this information at	mation within 30 days if a
Step 2: Affidavit to the Min	nesota Board of Chiropract	tic Examiners	
chiropractic adjustment or	to complement the chira	ctic utilizing acupuncture only opractic adjustment, that I me Chiropractic Examiners related	et the requirements and
[] I hereby wish to reinstat	te my Inactive acupuncture	registration # to Activ	ve status.
[] I have completed two homy registration has been Inc		puncture-related continuing ed	ucation for each year that
Step 3: Notarized Signature			
-	ration will expire on Septem dependent upon whether I	nber 15 of each year. meet all renewal requirements ing sterilization of needles and o	•
NOTARY: I, the undersigned, being du	ly sworn, do state upon oat	th that I understand and agree t	o the above.
Applicant's Signature BEFORI	E a Notary	 Date	
Subscribed and sworn to bef	ore me personally on:		
Γhisday of			DVCEAL
		(NOTA	RY SEAL)
Signature of Notary			

Questions, call the Licensing Coordinator at 651-201-2848

Step 4: Fee & Submission

A non-refundable reinstatement fee of \$50, payable to the MBCE is enclosed with this application, by U.S. mail to:

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 #:	
Date Re-Received Form		Fee \$	
		Initials	
L	1		
		-	
Signature of Executive Director		Date of Reinstatement to Active Status	

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