

# Minnesota Board of Chiropractic Examiners Acupuncture Reinstatement from Lapsed to Active

## 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, 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 designee's, 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 unexpired/lapsed acupuncture registration.

Pursuant to MINN. R. 2500.3000, subpart 7, Renewals. A lapsed acupuncture registration may be reinstated to Active status by first submitting the attached form and filing fee of \$100 as well as any penalty fees in MINN. R. 2500.1150. In addition:

- **If lapsed from 1 to 5 years**, applicant for reinstatement must submit 10 acupuncture-related Continuing Education hours for each year the registration was not renewed.
- **If lapsed for greater than five years**, applicant must successfully pass the NBCE or NCCAOM examination in acupuncture\* prior to applying for reinstatement.

\*Applicants must arrange for the MBCE to receive **Official\*\*** certificates of successful completion of EITHER:

- The National Board of Chiropractic Examiners Acupuncture Examination; or
- The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM).

\*\***Official** means that each document is an original received by the MBCE directly from the source 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.

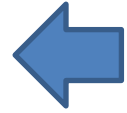
Only documents with original signatures will be accepted, faxes are not acceptable.

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

**Minnesota Board of Chiropractic Examiners  
Acupuncture Reinstatement from Lapsed to Active**



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.**

First Name	Full Middle Name	Last Name	suffix (Jr/II)
Other/alias/maiden name		MN DC License #	

I affirm that my business address, business phone number and email address recorded with the Board are current and accurate. I understand that I am required by law to update this information within 30 days if a change, and that I may log into my secure online account with my user name and password to update this information at any time.

**Step 2: Affidavit to the Minnesota Board of Chiropractic Examiners**

I hereby affirm that I am a Doctor of Chiropractic utilizing acupuncture only in order to prepare patients for a chiropractic adjustment or to complement the chiropractic adjustment, and that I meet the following requirements and will obey all of the rules of the Minnesota Board of Chiropractic Examiners related to acupuncture.

I hereby wish to reinstate my unexpired acupuncture registration # \_\_\_\_\_ to Active status.

**Check only one of the following three scenarios:**

1.  **My acupuncture registration has been lapsed for more than 30 days, but less than 1 year.** I hereby apply for reinstatement of my acupuncture registration under Minnesota Rules 2500.3000, subpart 7 and submit the following items along with this application:
  - Filing fee of \$100
  - Penalty fees (if applicable) according to MINN. R. 2500.1150
  
2.  **My acupuncture registration has been lapsed for more than 1 year, but less than 5 years.** I hereby apply for reinstatement of my acupuncture registration under Minnesota Rule 2500.3000, subpart 7 and submit the following items along with this application:
  - Filing fee of \$100
  - Penalty fees (if applicable) according to MINN. R. 2500.1150
  - 10 acupuncture-related Continuing Education credits for each year my registration has been non-renewed.
  
3.  **My acupuncture registration has been lapsed for more than 5 years.** I hereby apply for reinstatement of my acupuncture registration under Minnesota Rule 2500.3000, subpart 7 and submit the following items along with this application:
  - Filing fee of \$100
  - Penalty fees (if applicable) according to MINN. R. 2500.1150
  - Successful completion of the NBCE acupuncture exam or the NCCAOM exam and have arranged to have an official transcript of this exam sent directly to the MBCE by the examination agency.

**Step 3: Notarized Signature**

I further acknowledge and agree as follows:

- This acupuncture registration will expire on September 15 of each year unless renewed.
- Registration renewal is dependent upon whether I meet all renewal requirements established by rule.
- I agree to abide by the standards set by rule regarding sterilization of needles and utilization of acupuncture.

**NOTARY:**

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

Subscribed and sworn to before me personally on:

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(NOTARY SEAL)

\_\_\_\_\_  
Signature of Notary

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

**Step 4: Fee & Submission**

A reinstatement fee of **\$100**, payable to the **MBCE** is enclosed with this application. This and all application materials must be submitted 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/money order Number
Date Re-Received Form		Fee \$
		Initials

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

\_\_\_\_\_  
Date of Reinstatement to Active Status