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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 Animal Chiropractic registration, under your Doctor of Chiropractic license. Animal Chiropractic diagnosis and treatment means treatment that includes identifying and resolving vertebral subluxation complexes, spinal manipulation, and manipulation of the extremity articulations of nonhuman vertebrates. *Animal Chiropractic diagnosis and treatment does not include: performing surgery, dispensing or administering of medications, or performing traditional veterinary care and diagnosis.*

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 animal chiropractic services until your application has been approved.\*\*\***

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

[MINN. STAT. 148.01](#)  
[MINN. STAT. 148.032](#)  
[MINN. STAT. 148.033](#)  
[MINN. STAT. 148.035](#)  
[MINN. STAT. 148.108](#)  
[MINN. R. 2500.7000](#)  
[MINN. R. 2500.7010](#)  
[MINN. R. 2500.7020](#)

[MINN.R. 2500.7030](#)  
[MINN. R. 2500.7040](#)  
[MINN.R. 2500.7050](#)  
[MINN. R. 2500.7060](#)  
[MINN. R. 2500.7070](#)  
[MINN. R. 2500.7080](#)  
[MINN. R. 2500.7090](#)

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)

**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: Education**

I affirm I have taken a minimum of 210 hours (minimum of 30% must be in-person/hands-on hours) and successfully completed the program from an institution approved by the MBCE, which provides training in animal chiropractic according to Minnesota Statutes, sections 148.01 and 148.032. (Transcript must be received directly from the institution)

Name of Institution
Dates Attended
Hours Earned

**Step 3: Affidavit**

"Animal rehabilitative therapy" means any therapy applied for the purposes of preparing for or complementing the chiropractic adjustment to animals. These therapies shall include mobilization, light therapy, therapeutic ultrasound, thermotherapy, ice application, hydrotherapy such as whirlpool or water tanks, exercise therapy, meridian therapy that does not result in puncture or interruption of the integument, vibratory therapy, traction that does not require instrumentation or mechanical devices, stretching, trigger point therapy, and massage. *Animal rehabilitative therapy does not include the use of forces associated with low voltage stimulation, high voltage stimulation, ultraviolet light, or diathermy.*

A licensed chiropractor engaged in the practice of animal chiropractic diagnosis and treatment must maintain complete and accurate records and patient files in the chiropractor's office for at least three (3) years.

A licensed chiropractor engaged in the practice of animal chiropractic diagnosis and treatment must make treatment notes and records available to the patient's owner upon request and must communicate their findings and treatment plan with the referring veterinarian if requested by the patient's owner.

A licensed chiropractor who treats both animal and human patients in the same facility must post a conspicuous sign in the reception area of that facility informing customers that nonhuman patients are treated on the premises. They must also maintain a separate noncarpeted room for the purpose of adjusting animals. The table and equipment used for animals shall not be used for human patients.

Referrals from Doctor of Veterinary Medicine must be maintained in the animal's record. Written documentation in the form of letters, handwritten notes, emails, or other forms shall be considered acceptable. Verbal referrals such as direct consultation or phone referrals must be documented in the animal's record by the chiropractor. All referrals shall contain, at a minimum:

1. Date of referral.
2. Name, practice address, and practice phone number of the veterinarian.
3. Any special considerations conveyed by the veterinarian including contraindications or other health-related matters that may impact the care by the chiropractor.

The animal chiropractor is authorized to convey clinical information regarding treatment of the animal to the referring veterinarian, unless specifically prohibited from doing so by the patient's owner or an authorized agent.

In addition to the annual Continuing Education requirements, it is required to obtain six (6) units of animal chiropractic-related subjects as approved by the MBCE.

The renewal of Animal Chiropractic registration must be completed by December 31 of each year by logging into Online Services, completing the renewal application and paying the annual renewal fee.

#### 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

Official transcript sent directly to the MBCE from the institution

(maybe emailed to [chiropractic.board@state.mn.us](mailto:chiropractic.board@state.mn.us))

**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