

# Minnesota Board of Chiropractic Examiners

## Animal Chiropractic Initial Application

### 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 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

Along with this application, applicants must arrange for receipt by the MBCE of their **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 successful completion of an Animal chiropractic program accredited/approved by an agency as defined in the accompanying statute, and including the number of hours of study, and description of subject matter (syllabus) in the utilization of Animal Chiropractic.

**\*Official** means that each document is an original document received by the MBCE directly from the source or issuing agency. If the MBCE receives copies or documents not received directly from the source/issuing agency; the documents will be rejected.

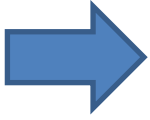
The Board issues Animal Chiropractic certificates upon receipt of all required information. If any portion of this application is incomplete, the application will not be processed, but will be returned to the sender for completion. Only forms containing original signatures will be accepted. Upon receipt of the Animal Chiropractic certificate, you will be authorized to provide Animal Chiropractic services as defined in statute.

Complete Statutes and Rules related to Animal Chiropractic may be found on the Board's website at [www.mnchiroboard.com](http://www.mnchiroboard.com) under "Laws and Rules."

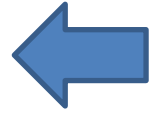
If you have any questions, please feel free to contact the Licensing Coordinator at 651-201-2848.

**Keep this page for your reference.**

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All boxes must be answered or marked as “not applicable.” 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 to update this information at any time.

## Step 2: Primary Location Where Animal Chiropractic (AC) care is rendered:

\_\_\_\_\_  
Animal Chiropractic facility name

\_\_\_\_\_  
Animal Chiropractic FULL address - street/city/state/zip

This facility has a non-carpeted area for treating animals, separate from any human treatment area.

## Step 3: Education

I have successfully completed the Animal Chiropractic program at the following institution. This program is approved through the American Veterinary Chiropractic Association, International Veterinary Chiropractic Association, or higher institution-approved program, consisting of no less than 210 hours of education and training in Animal Chiropractic.

Name of AC education Institution: \_\_\_\_\_

Address (city/state/country): \_\_\_\_\_

Month/year attended – From: \_\_\_\_\_ To: \_\_\_\_\_ Hours earned: \_\_\_\_\_

## Step 4: Practices in Other States

List below all states in which you hold or have ever held a professional license or registration related to Animal Chiropractic. Attach additional sheets if necessary.

State	license type	License #	Grant date	Status
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## Step 5: Notarized Affidavit to the MN Board of Chiropractic Examiners

I hereby affirm that I am an active Doctor of Chiropractic and that I read and understand the requirements listed in MINN. STATUTE sections 148.01 to 148.108 and will obey all the rules of the Minnesota Board of Chiropractic Examiners relating to Animal Chiropractic.

I hereby assert that I meet all requirements listed therein.

I have arranged for Official\* certificates of good standing to be sent directly to the MBCE from each state or jurisdiction in which I have or ever had a license to practice Chiropractic.

I have arranged for Official\* transcripts to be sent directly to the MBCE by the issuing agency showing successful completion of an Animal Chiropractic program accredited/approved by an agency as defined in the accompanying statute, and including the number of hours of study, and description of subject matter (syllabus) in the utilization of Animal Chiropractic.

### I further acknowledge and agree as follows:

- This registration **will** expire on December 31 of each year and require renewal for continued practice.
- Renewal of my registration **will** annually require the payment of a fee of \$75.
- My eligibility for registration renewal shall be dependent upon whether I meet all renewal requirements which may be established by statute or rule.
- I understand I must acquire **six units of continuing education** in the area of Animal Chiropractic **in addition to** my regular 20 unit continuing education requirement, by December 31 each year to maintain an Active Animal Chiropractic registration.
- I understand that this registration does not permit the utilization of acupuncture on animals.
- I understand that I may not practice Animal Chiropractic without maintaining an active chiropractic license and a separate Animal Chiropractic registration.
- I understand that "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.
- I understand that I may engage in the practice of Animal Chiropractic diagnosis and treatment only if registered to do so by the Board and the animal has been referred to the chiropractor by a veterinarian.
- I agree to report violations of Minnesota Statute and / or Rules to the Board of Chiropractic Examiners and / or Board of Veterinary Medicine as appropriate and to participate in any investigatory or disciplinary actions before either Board, as deemed appropriate by the MBCE.
- I understand that Animal Chiropractic diagnosis and treatment does not include:
  - performing surgery;
  - dispensing or administering medications;
  - performing traditional veterinary care and diagnosis;
  - acupuncture.
- I understand that upon completion of my registration with the MBCE I may use the title "Animal Chiropractor."
- I understand that I must maintain complete, accurate, and readily retrievable animal patient records for at least three years.
- I understand that I must make treatment notes and records available to the patient's owner upon request and must communicate my findings and treatment plan with the referring veterinarian if requested by the patient's owner.
- I understand that I must post a conspicuous sign in the reception area of that facility informing customers that nonhuman patients are treated on the premises.
- I understand that I must maintain a separate non-carpeted room for the purpose of adjusting animals. The table and equipment used for animals shall not be used for human patients.

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

\_\_\_\_\_  
Last Name                      First Name                      Full Middle Name                      MN DC #

\_\_\_\_\_  
Applicant's Signature BEFORE a Notary                      Date

**NOTARY:**

Subscribed and sworn to before me personally on:

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

(NOTARY SEAL)

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

**Step 6: Fee & Submission**

Please include a payment of \$125 made out to the *Minnesota Board of Chiropractic Examiners (MBCE)* and mail all materials 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		Amount \$
		Initials

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

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