

# **Minnesota Board of Chiropractic Examiners Animal Chiropractic Reinstatement 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 requiring 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 Animal Chiropractic registration either because it has been in "Inactive" status or because it was "canceled" for non-renewal.

Pursuant to Minnesota Rules, part 2500.7010 an Animal Chiropractic registration CANCELED for non-renewal in a previous year may be reinstated to active status by submitting the attached form, paying the Initial Registration fee of \$125, and submitting documentation of six (6) hours of continuing education in Animal Chiropractic related subjects as approved by the Board for each year, since initial registration was granted, that has not been previously audited and cleared, to ensure competency.

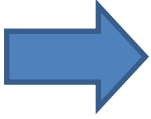
Pursuant to Minnesota Rules, part 2500.7080 an INACTIVE Animal Chiropractic registration may be reinstated to active status by submitting the attached form, paying the inactive reinstatement fee established by rule or statute, and submitting a notarized statement that the registrant has completed six (6) hours of continuing education credits in Animal Chiropractic related subjects as approved by the Board for each year the registration was inactive.

Reinstatement of any subordinate registration is contingent upon maintaining an active Doctor of Chiropractic license in good standing in Minnesota.

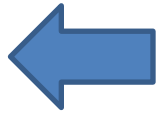
Only documents with original signatures will be accepted. When all materials are received, the MBCE will reinstate your Animal Chiropractic certificate. Upon receipt of this certificate, you will be authorized to provide Animal Chiropractic services. The Animal Chiropractic registration is subject to an annual renewal, along with the required 6 CEUs due on or before December 31 of each year.

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.” 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 separate, non-carpeted area for treating animals, separate from any human treatment area.

## Step 3: Affidavit to the Minnesota Board of Chiropractic Examiners

[ ] I hereby swear that I am a Doctor of Chiropractic, with an Active license in good standing in Minnesota. That I am aware of and will obey all Minnesota Statutes and Rules related to the use of Animal Chiropractic and that I meet the following requirements for reinstatement.

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

- My Animal Chiropractic registration has been CANCELED for non-renewal in a previous year.** I have completed six (6) hours of Board approved continuing education in Animal Chiropractic related subjects for each year my registration has been non-renewed, and I now apply for reinstatement of my Animal Chiropractic registration and submit the following items for this purpose along with this application form:
  - Initial registration fee of \$125 via check or money order
  - Documentation of six (6) hours of Board approved continuing education in Animal Chiropractic for each year since initial registration was granted that has not been previously audited and cleared, to ensure competency.
  
- My Animal Chiropractic registration has been INACTIVE.** I attest that I have completed at least six (6) hours of continuing education in each year that my registration has been inactive and I now apply for reinstatement of my Animal Chiropractic registration under Minnesota Rules, part 2500.7080 and submit the following item for this purpose along with this application form:
  - \$50 Inactive reinstatement fee established by rule or statute via check or money order

**Step 4: Notarized Signature**

- I further acknowledge and agree as follows:
  - This registration will expire on December 31<sup>st</sup> of each year.
  - Renewal of my active registration will annually require the payment of a \$75 renewal fee and the submission of an updated affidavit. My eligibility for registration renewal shall also be dependent upon whether I meet all renewal requirements which may be established by rule.
- I agree to abide by the standards set by statute and rule regarding Animal Chiropractic.

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

**NOTARY:**

Subscribed and sworn to before me personally on:

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

(NOTARY SEAL)

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

**Step 5: Fee & Submission**

A filing fee as listed in Step 3, payable to the MBCE is due along with this application. The form, fee and all application materials may 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