MINNESOTA
BOARD OF CHIROPRACTIC EXAMINERS

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, 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 reinstatement to active status of an Animal Chiropractic registration, under your Doctor of Chiropractic license.

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. 148.108 Fees
MINN. R. 2500.7010 Registration

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

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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: Primary location where Animal Chiropractic (AC) care is rendered:

Facility Name

Address   City/State/Zip

Step 3: Affidavit

I am a Doctor of Chiropractic, with an Active Minnesota license in good standing.

I am responsible for being in compliance with the statutes and rules that apply to my license and registration.

I understand that Animal Chiropractic registration expires each year on December 31st and requires submission of a renewal application and fee.

I have provided 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.

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:
Signed and affirmed before me;

(NOTARY SEAL)

Signature of Notary Officer   Date   My Commission Expires

Step 5: Fee and Submission

Enclosed:
Notarized application
$200 application fee, payable to MBCE*
  *Personal/business check, bank-issued cashier's check, bank or USPS issued money order
Continuing Education certificates (if applicable)

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 #
		Total $
Date Re-Received Form		Detail (if needed)
		Initials

Signature of Executive Director   Date of Approval

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