

MINNESOTA BOARD OF CHIROPRACTIC EXAMINERS
ANNUAL LICENSE RENEWAL
REQUEST FOR CONTINUING EDUCATION (CE) WAIVER or DEFERMENT

Tennesen Warning

You are being asked to supply private or confidential data as part of an application for issuing or renewing 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 your Social Security Number, 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.

MINNESOTA RULES 2500.2000 WAIVER OR DEFERMENT OF CONTINUING EDUCATION REQUIREMENTS

The board shall waive or defer compliance with some or all annual continuing education requirements for any licensee presenting satisfactory written evidence to the board of illness or hardship making it impossible or highly impractical for the licensee to attend or to have attended a sufficient number of approved continuing education units. No deferment will be considered unless submitted in writing prior to the deadline for license renewal. No deferment shall last more than 60 days. Any deferment granted shall not continue beyond March 31 following the date of the written request.

ILLNESS: If requesting consideration for a waiver or deferment due to illness, the request must be accompanied by written documentation from a treating doctor indicating the licensee's diagnosis and prognosis.

HARDSHIP: Hardship is defined as a situation where it is **impossible or highly impractical** for the licensee to attend or to have attended a sufficient number of approved continuing education class hours. If requesting consideration for a waiver or deferment due to hardship, the request must be accompanied by a written statement describing the situation.

Questions call: 651-201-2847

Mail Your Request along with the required supporting documentation to:

MINNESOTA BOARD OF CHIROPRACTIC EXAMINERS
335 Randolph Avenue, Ste 280, St. Paul, MN 55102

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First Name

Full Middle Name

Last Name

☐ I affirm that my contact information including 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. I understand that I may log into my secure online account with my username and password to update this information at any time.

List all states in which you hold or ever held a license: _____

Total number of years in practice: _____ Total years in practice in MN: _____ MN License #: _____

Have you ever applied for a CE waiver or deferment before: ☐ yes ☐ no

This form is submitted for the purposes of requesting a waiver/deferment of continuing education units required for the renewal of your Minnesota Chiropractic License. The form must be filled in completely for a review to take place. Any form which is incomplete will be rejected. Attach additional sheet(s) and supporting data as necessary.

This form must be received by the Board prior to December 31 of the year the CE is due.

Check one:

I request a ☐ waiver ☐ deferment for the reason of illness (attach letter from attending physician*)

I request a ☐ waiver ☐ deferment for the reason of hardship (attach summary of the hardship)

*Name of Treating Physician/Doctor (for illness): _____

Signature of Requestor

date

~~~~~ **FOR BOARD USE ONLY** ~~~~~

☐ Waiver Approved:

☐ Deferment Approved:

Verification of \_\_\_\_\_ hours must be submitted no later than: \_\_\_\_\_

Regular \_\_\_\_, Acupuncture \_\_\_\_, Animal \_\_\_\_, Xray \_\_\_\_, Professional Boundaries \_\_\_\_.

☐ Waiver/deferment Denied

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

**\*Note, the final document/determination will be returned to you and should be retained and submitted in response to official CE audit for the affected year along with your CE certificates.**