



MINNESOTA BOARD OF CHIROPRACTIC EXAMINERS

2829 University Ave SE Suite 300
 Minneapolis MN 55414
 Web: www.mn-chiroboard.state.mn.us
 Email: Chiropractic.board@state.mn.us

Telephone: 651-201-2850
 Fax: 651-201-2852
 Minnesota Relay Service at
 1-800-627-3529

ANNUAL LICENSE RENEWAL REQUEST FOR CONTINUING EDUCATION WAIVER/DEFERMENT

Please type or print the following information:

Last Name		First Name		Full Middle Name		Have you ever applied for a waiver/deferment before? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Street Address						County	
City				State		Zip Code	
Telephone: Work (daytime)			Fax		Home (optional)		
E-mail Address (optional)				Any Other Contact Information (optional)			
States of Licensure		Overall Number of Years in Practice		Number of Years in Practice in Minnesota		Minnesota DC License Number	

This form is submitted for the purposes of requesting a waiver/deferment of continuing education units pertaining to Minnesota Licensed Chiropractor's annual license renewal. The form must be filled in completely for a review to take place. Any form which is incomplete, may subject the request to a denial. Please type or print clearly and be concise. Attach additional sheet(s) and supporting data as necessary.

This form is to be completed by the licensee prior to December 31 of the year the CEU is due.

Check one:	Circle one:
<input type="checkbox"/>	I request a [waiver] [deferment] for the reason of illness . Attached is a letter from my treating physician/doctor.
<input type="checkbox"/>	I request a [waiver] [deferment] for the reason of hardship . Attached is a written statement describing my situation.

Name of Treating Physician/Doctor (if applicable): _____

 Signature of Requestor

 Date

FOR BOARD USE ONLY	
<p>DEFERMENT: _____ APPROVED – Hours required: _____ Regular _____ Acupuncture _____ Animal Chiropractic _____ X-Ray _____ Professional Boundary</p> <p>Hours must be completed and attendance verification to be submitted to the MBCE on or before: _____, _____</p>	<p>WAIVER: _____ APPROVED: A copy of this document should accompany your license renewal and should be submitted in response to official audit.</p> <hr/> <p>DEFERMENT and/or WAIVER: _____ DENIED</p>
_____ Executive Director	_____ Date
ALTERNATE CONDITIONS OR OTHER INFORMATION: Note: this document ___ should / ___ should not be retained and submitted in response to official CE Audit	

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, on separate paper, describing that situation.

Please Mail Your Request To:

MINNESOTA BOARD OF CHIROPRACTIC EXAMINERS
2829 University Avenue SE, #300, Minneapolis, MN 55414

The Minnesota Board of Chiropractic Examiners is an affirmative action / equal opportunity employer and does not discriminate in employment on the basis of race, color, creed, religion, national origin, sex, marital status, disability, public assistance, age, sexual orientation, or membership on a local human rights commission.

This information will be made available, upon request, in alternative formats (for example, large print, Braille, cassette tape, etc.)

Upon the MBCE's issuance/renewal of your license/registration/sponsorship, all information which you provide on, or as an attachment to, this form is classified as public under *Minnesota Statutes 13.41, subdivision 2 and 4, except your social security number.*

Additional information is available on the board's web site at www.mn-chiroboard.state.mn.us. Inquiries may be sent to the board by email to chiropractic.board@state.mn.us; by fax number at 651-201-2852; by calling 651-201-2850; or by US Mail addressed to: MBCE, 2829 University Ave SE, Suite 300, Minneapolis, MN 55414.

Only forms containing original signatures will be processed. Faxed copies are not acceptable.