

### **Rights of Subject Data - Tennesen Warning**

The purpose and intended use of this information is to enable the Minnesota Board of Chiropractic Examiners (MBCE) to determine whether you meet statutory and rule requirements for sponsorship. You are not legally required to provide this information, but if you fail to do so, your sponsorship will not be issued or renewed.

Approval of seminars or portions thereof, is based solely on compliance with Minnesota statutes and rules, and does not constitute, nor should be construed to constitute endorsement of the contents or subject matter by the MBCE.

Upon the MBCE's issuance or renewal of your sponsorship, all information which you provide on or as an attachment to this application is classified as public under Minnesota Statutes 13.41, subdivision 2 and 4.

### **Information About this Application**

The Minnesota Board of Chiropractic Examiners (MBCE) provides this application for the purpose of applying for an Individual Seminar Sponsorship of Continuing Education. This application and all required documentation must be received 45 calendar days in advance of the presentation date.

Once all application requirements are received, reviewed and approved; you will be notified by email with a MBCE Course ID #. Further requirements of your sponsorship may be found in the application or the Statutes and Rules below.

**\*\*\*Minnesota licensees will not receive credit for continuing education until this application has been approved.\*\*\***

### **Related Minnesota Statutes and Rules**

[MINN. STAT. 214.12 Continuing Education \(Requirements\)](#)  
[MINN. STAT. 148.01 Chiropractic](#)  
[MINN. STAT. 148.031 Continuing Education](#)  
[MINN. STAT. 148.033 Animal Chiropractic Continuing Education Hours](#)  
[MINN. STAT. 148.108 Fees](#)

[MINN. R. 2500.1250 Continuing Education Program Approval](#)  
[MINN. R. 2500.1410 Sponsorship of Education Programs](#)  
[MINN. R. 2500.1500 Program Approval Criteria](#)  
[MINN. R. 2500.1550 Alternatives to Traditional Classroom Presentation](#)  
[MINN. R. 2500.1600 Unapproved Programs](#)  
[MINN. R. 2500.1710 Sponsorship Revoked](#)  
[MINN. R. 2500.7040 Continuing Education](#)

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 Board at 651-201-2850 or [Chiropractic.Board@state.mn.us](mailto:Chiropractic.Board@state.mn.us)

**Sponsor Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Contact Person** (person signing this form) \_\_\_\_\_

**Public Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Sponsorship Year** \_\_\_\_\_ I ☐ **have** ☐ **have not been an approved sponsor previously**

**Seminar Name** \_\_\_\_\_

**Instructor(s) Name(s)** \_\_\_\_\_

**Seminar Date(s)** \_\_\_\_\_

*Seminars are valid from the date of approval through December 31*

**Location**(city/state or online) \_\_\_\_\_

**Credits Requested**

Regular

X-Ray

Animal Chiropractic

Professional Boundary

Acupuncture

Total

**Education Format**

Online Live

Online Recorded

In Person

Other

**Will there be an examination or evaluation process as part of the program?**

YES (describe below)

NO

**Summarize program objectives**

**List text(s) and equipment used as aids**

**Describe the mechanism for monitoring and certifying course attendance**

**Reporting Responsibilities:** As the authorized representative, I affirm and agree that the sponsoring organization will:

- Be solely responsible for reporting requirements and may not delegate this to a co-sponsor, regardless of who is presenting the program
- Provide an official certificate of attendance to all licensees which must include the MBCE Course ID #, the date of attendance; the licensee's name, address and MN license number, and the number of continuing education units obtained broken down by type of units (regular, x-ray, professional boundary, acupuncture, or animal chiropractic)
- Understand that a credit unit is comprised of 50 minutes, and may only be reported as a full or half credit
- Understand that failure to provide certificates of attendance may jeopardize eligibility for future sponsorship

**Approval of Seminars:** As the authorized representative, I affirm and agree that the sponsoring organization will:

- Submit a completed *CE Application for Individual Seminar* for each seminar per calendar year, to the MBCE along with the fee and all required documentation 45 calendar days in advance of the presentation date for an MBCE Course ID # as required by Minn. R. 2500.1250
- Authorize the attendance of a board representative for the purposes of monitoring, consistent with the provisions of Minn. R. 2500.1410 (C) and that approval of seminars or portions thereof, is based solely on compliance with Minnesota Statutes and Rules and does not constitute, nor should be construed to constitute endorsement of the contents or subject matter by the MBCE

**Statutes & Rules:** As the authorized representative, I affirm and agree that the sponsoring organization has:

- Reviewed and agreed to abide by the Minnesota Statutes and Rules and all criteria of the Minnesota Board of Chiropractic Examiners related to the content, approval and sponsorship of continuing education programs
- Agreed that it is our responsibility to keep up to date on any changes to the Minnesota Statutes and Rules
- Agreed that any violation of the Minnesota Statutes and Rules may cause this sponsorship to be revoked

**Expiration & Fees:** As the authorized representative, I acknowledge that approval for this sponsorship application will expire on December 31. Renewal of this sponsorship for the following year will require submission of a new application, fee and documents listed below. Enclosed with this application is:

\$200 non-refundable fee (business/personal check, cashier's check or money order issued by a bank or USPS)  
Course Outline & Syllabus  
Curriculum Vitae of Instructor(s)  
Promotional Publications / Advertisements

Signature of Applicant

Date

~~~~~ MBCE OFFICE USE ONLY ~~~~~

| Form Information         | Received Stamp | Payment Information                     |
|--------------------------|----------------|-----------------------------------------|
| Incomplete Form Returned |                | Check / Money Order / Cashier's Check # |
| Date Re-Received Form    |                | Total \$                                |
|                          |                | Detail (if needed)                      |
|                          |                | Initials                                |

The above Application for Continuing Education Seminar has been: **APPROVED** **DENIED**

MBCE Course ID #

Credits Assigned as Indicated Below

|                       |             |                     |
|-----------------------|-------------|---------------------|
| Regular               | X-Ray       | Animal Chiropractic |
| Professional Boundary | Acupuncture | Total               |

COMMENTS:

Signature of Executive Director

Date