

**MINNESOTA BOARD OF CHIROPRACTIC EXAMINERS**  
**Doctor of Chiropractic Application to go Active to Inactive**

**Tennessee 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 designee's, 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**

To apply for an inactive chiropractic license, first please familiarize yourself with the related Minnesota Rules. Then, complete the attached application and submit the original application by U.S. Mail to the address below. Once approved, you will receive a modified license certificate in the mail for the remainder of the current year.

**Minnesota Board of Chiropractic Examiners, 335 Randolph Avenue, Suite 280, St Paul, Minnesota 55102**

**MINN. R. 2500.2020 INACTIVE LICENSE**

A Minnesota licensed chiropractor may apply to the board for an inactive license according to items A to C. An inactive license is intended for those chiropractors who will be in active practice elsewhere.

- A. Applicants must complete a board-approved application which must include a signed affidavit stating that the applicant will no longer be actively practicing chiropractic in the state of Minnesota.
- B. Upon approval of an application, the board will modify the annual license certificate to indicate inactive licensure.
- C. The board may refuse to approve an application if:
  - 1) a pending or final disciplinary action exists against an applicant's Minnesota license;
  - 2) a pending or final disciplinary action exists against an applicant's license in another state where the applicant has been licensed to practice chiropractic; or
  - 3) the applicant's Minnesota license is not current in fees and penalties paid, or in continuing education units obtained for annual license renewal."

**MINN. R. 2500.2030 ANNUAL RENEWAL OF INACTIVE LICENSE.**

The annual renewal fee for an inactive license is 75 percent of the current fee imposed by the board for license renewal.

**MINN. R. 2500.2040 REINSTATEMENT OF INACTIVE LICENSE.**

An inactive license may be reinstated to an Active license according to items A to E:

- A. completion of a board-approved application of reinstatement;
- B. payment of a reinstatement fee in the amount of \$100;
- C. submission of a certification of good standing from each state the doctor was granted a license;
- D. submission of a notarized statement from the doctor stating:
  - 1) that the doctor has remained in active practice in another state or country during the period of inactive license status in Minnesota;
  - 2) that the doctor has met the continuing education requirements as approved by Minnesota or the states or countries in which the doctor practiced chiropractic, or has taken at least 12 units of continuing education each year of inactive license status, whichever is greater; and
  - 3) the specific addresses of location the doctor has been in active practice; and
- E. completion of 20 units of continuing education as approved by the board the year prior to application for reinstatement.

If any of the requirements of items A to E are not met by the doctor, the board will deny approval of the application for reinstatement.

# MINNESOTA BOARD OF CHIROPRACTIC EXAMINERS Doctor of Chiropractic Application to go Inactive

 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: Personal information:

Last name: \_\_\_\_\_ First: \_\_\_\_\_ middle (Full): \_\_\_\_\_ Suffix: \_\_\_\_\_

Other / Alias / maiden name: \_\_\_\_\_ License #: \_\_\_\_\_

☐ I affirm that my current address, phone and email are recorded in my Minnesota online account and I affirm that I must update my address, phone, or email information within 30 days of any change as required by law.

## Step 2: Other Jurisdictions

List all other jurisdictions (states) in which you hold or have held a license and the status of each license: \_\_\_\_\_

Are you the subject of pending or final disciplinary action against your license in another state? Yes: ☐ NO: ☐

If yes, identify the jurisdiction: \_\_\_\_\_ and attach a copy of the final action.

## Step 3: Registrations

By placing your Doctor of Chiropractic license into an Inactive status, subordinate registrations (with the exception of the professional firm) must be modified accordingly.

***I hereby request the following registrations be changed as indicated below:***

Animal Chiropractic #: \_\_\_\_\_ Choose: ☐ INACTIVE (renewable) or ☐ CANCELLED

Acupuncture #: \_\_\_\_\_ Choose: ☐ INACTIVE (renewable) or ☐ CANCELLED

Professional Firm # \_\_\_\_\_ Choose: ☐ ACTIVE (renewable) or ☐ CANCELLED

**I understand the following registrations will be CANCELLED:**

Independent Examiner #: \_\_\_\_\_ Graduate Preceptorship #: \_\_\_\_\_

## Step 4: Notarized Affidavit

By placing my license into an inactive status, I agree that I will abide by the conditions of an inactive status license listed in *Minnesota Rules parts 2500.2020 and 2500.2030*. These conditions include, but are not limited to the requirements that I will no longer actively practice chiropractic in the state of Minnesota, ***but I affirm that I will be in active practice elsewhere while my Minnesota license is in an Inactive status.*** I understand that once inactive, my license must be renewed annually according to *Minnesota Rule part 2500.2030*.

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 before me personally on:

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

(NOTARY SEAL)

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

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

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Date of Approval