**Minnesota Board of Chiropractic Examiners**

**Doctor of Chiropractic Application to Voluntarily Retire**

**Tennessen 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 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 a voluntarily retired chiropractic license, first please familiarize yourself with the related Minnesota Rules. Then, complete the attached application and submit the original, Notarized application by U.S. Mail to:

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

**2500.2100 VOLUNTARILY RETIRED LICENSE.** Upon request of a Minnesota licensed chiropractor, the board may place a license in voluntary retirement unless: A) a pending or final disciplinary action exists against an applicant's Minnesota license; B) 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 C) the applicant's Minnesota license is not current in fees, penalties, or continuing education units obtained for annual license renewal.

**2500.2110 REINSTATEMENT OF VOLUNTARILY RETIRED LICENSE.**

**A**. An applicant who has voluntarily retired a license may be reinstated or restored to Active status by:

**(1)** completing a board-approved application of reinstatement;

**(2)** paying a reinstatement fee in the amount of $100;

**(3)** submitting a certification of good standing from each state the doctor holds or has held a license; and

**(4)** following one of the applicable procedures in items B to F.

**B.** An applicant who has been voluntarily retired for a period of less than five years, and who can verify continual practice elsewhere during that time, shall be reinstated by completing all interim continuing education and paying all accrued penalty fees and interim licensure fees which would have been required for continual licensure, and repairing any deficiencies that occurred prior to retirement.

**C**. An applicant who has been voluntarily retired for a period of greater than five years who can verify continual practice elsewhere during that time must, in addition to following the procedures in items A and B, complete the board's jurisprudence examination.

**D.** An applicant who has been voluntarily retired for a period of less than five years, and who cannot verify continual practice during that time, shall be reinstated by completing all interim continuing education that would have been required for continual licensure, completing an additional ten units of approved continuing education for each intervening renewal year, paying all accrued penalty fees and interim licensure fees that would have been required for continual licensure, and repairing any deficiencies that occurred prior to retirement.

**E.** An applicant who has been voluntarily retired for a period of greater than five years, and who cannot verify continual practice during that time, shall be reinstated by paying all accrued penalty fees and interim licensure fees that would have been required for continual licensure, repairing any other deficiencies that may have occurred prior to retirement, taking the board's jurisprudence examination, and completing the Special Purposes Examination in Chiropractic administered by the National Board of Chiropractic Examiners, or any other examination the board may deem appropriate.\*

**F.** At the election of the applicant, the board shall waive any of the continuing education requirements in items B to D, upon successful completion of the Special Purposes Examination in Chiropractic administered by the National Board of Chiropractic Examiners, or other examination the board may deem appropriate\*, within the 12 months preceding the application.

Any continuing education units acquired in another jurisdiction, for the purposes of license renewal, may be applied to items B, C, and D. None of the continuing education units obtained for the purpose of reinstating a voluntarily retired license apply to the current annual requirement. Applicants must complete a board-approved application of reinstatement.

\* The Board may require a higher level of competency examination than the SPEC exam for applicants who have been out of practice for an extended period of time.

\* Keep this cover page for future reference.

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**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:**

First Name Full middle name Last name suffix

Other/alias/maiden name MN DC license # MN DC License grant date

\_\_\_\_\_ I affirm that my 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.

**Step 2: Licensing Information.**

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

[ ] I am NOT the subject of pending or final disciplinary action against my license in another state or jurisdiction.

[ ] I AM the subject of pending or final disciplinary action against my license in another jurisdiction (Attach summary description.)

State and/or jurisdiction:

Desired Effective Date of Retirement: (*May not cross into next year unless renewed for next year*.)

**Step 3 Notarized Affidavit, please initial each statement as affirmation:**

\_\_\_\_\_ By placing my license into a voluntarily retired status, I am relinquishing all rights to actively practice chiropractic in the state of Minnesota.

\_\_\_\_\_ At such time as I may wish to return my voluntarily retired status license to active status, I understand that any continuing education units (CEUs) required for reinstatement of my license shall be separate from and in addition to the CEUs required for renewal at the end of the year.

\_\_\_\_\_ I understand that once my license has been voluntarily retired for more than five years, my license may only be returned to active status following examination.

I,the undersigned, being duly sworn, do state upon oath that I understand and agree to the above.

Applicant's Signature Date

Subscribed and sworn to before me, on this date:

(NOTARY SEAL)

Signature of Notary

**MBCE OFFICE USE ONLY**

Signature of Approval Date of Approval