

License Verification Instructions

<https://chi.hlb.state.mn.us/#/Login>

LOGIN

Welcome to the Minnesota Board of Chiropractic Examiners --- Online Services

USERNAME ?

PASSWORD ?

Log In

NAVIGATE

- [Register to Access Site](#)
- [Forgot Username/Password](#)
- [Search for a Licensee](#)
- [Search for a CE Sponsor](#)
- [Search for a CE Course](#)

In the General Tile select License Verification

GENERAL

Choose from these options to access features not specific to your current records with our agency.

NAVIGATE

- [License Verification](#)
- [Apply for a License](#)
- [Submit a CE Sponsorship Application](#)
- [Search for a Licensee](#)
- [Search for a CE Sponsor](#)
- [Search for a CE](#)



Enter Last Name and License number – click Search button

LICENSE VERIFICATION

1 License Search

LAST NAME LICENSE NUMBER

Search

0 RESULTS

NAME	CITY	LICENSE TYPE	NUMBER	SELECT
No entries.				

< Previous Next >

2 Recipient Information

From returned search items click “+” to select

LICENSE VERIFICATION

1 License Search

LAST NAME LICENSE NUMBER

Search

1 RESULTS

NAME	CITY	LICENSE TYPE	NUMBER	SELECT
[REDACTED]		Doctor of Chiropractic	[REDACTED]	+ 

< Previous Next >

2 Recipient Information

Click Next

1 ✓ License Search

2 ✓ Recipient Information

Complete information for entity or person that is to receive the verification. Then click proceed to checkout.

1

RECIPIENT NAME

ADDRESS

CITY STATE COUNTRY ZIP

PHONE

EMAIL

2

[Add to Cart and Return to Overview](#) [Previous](#) [Proceed To Checkout](#)

In checkout you will pay the \$10 fee for the license verification.

 YOUR CART

ITEMS READY FOR PAYMENT

Description	Amount
Verification - * [REDACTED] - St Paul, MN	\$10.00 
Verification - * [REDACTED] - St Paul, MN	\$10.00 
Processing Fee (Credit Card)	\$1.50
Grand Total	\$21.50

 [Proceed To Payment](#)

Make a Payment

My Payment

Board of BOARD NAME
Amount Due \$21.50
Application Description License Verification

Payment Information

Frequency One Time
Payment Amount \$21.50
Payment Date Pay Now

Contact Information

First Name	<input type="text"/>
Last Name	<input type="text"/>
Company (Optional)	<input type="text"/>
Address 1	<input type="text"/>
Address 2 (Optional)	<input type="text"/>
City/Town	<input type="text"/>
State/Province/Region	<input type="text"/>
Zip/Postal Code	<input type="text"/>
Country	<input type="text"/>
Phone Number	<input type="text"/>
Email Address	<input type="text"/>

Complete payment information and click Continue

Payment Method

Card Number	<input type="text"/>	 
Expiration Date	Month <input type="text"/> Year <input type="text"/>	
Card Security Code	<input type="text"/>	
Card Billing Address	<input checked="" type="radio"/> Use my contact information address <input type="radio"/> Use a different address	



[Continue](#) [Cancel](#)

You must review and confirm payment to submit request.

Review Payment

Please review the information below and select Confirm to process your payment. Select Back to return to the previous page to make changes to your payment.

[Back](#)

Confirmation

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number **HLBTST000859729**

[Payment Details](#)