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### **Rights of Subject Data - Tennesen 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, your 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 designees, 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**

The Minnesota Board of Chiropractic Examiners (MBCE) provides this application for the purpose of applying for Emeritus status of your Minnesota Doctor of Chiropractic license. Emeritus status is intended for those persons who have practiced for many years in good standing and have retired their license in all jurisdictions.

Once all application requirements are submitted, they will be reviewed, and upon approval of registration a certificate will be mailed to the public address on file.

The MBCE requires Primary Source Verification. All documents must be the original or a certified copy or be sent directly from the institution to the MBCE.

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

[MINN. R. 2500.2115 Emeritus Registration Application](#)

[MINN. R. 2500.2120 Status of Emeritus Registrant](#)

[MINN. R. 2500.2125 Emeritus Continuing Education Requirements](#)

[MINN. R. 2500.2130 Emeritus Change to Active Status](#)

[MINN. R. 2500.2135 Emeritus Renewal Cycle Fees](#)

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 Licensing Coordinator at 651-201-2848 or [Chiropractic.Board@state.mn.us](mailto:Chiropractic.Board@state.mn.us)

**Step 1: Applicant Information**

First Name	Middle Name	Last Name	Suffix
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Other/Alias/Maiden Name	MN DC License #	Email address
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I affirm my contact information on record with the MBCE is current and accurate. I understand that I am required by law to update my contact information within 30 days of any change by logging into my secure Online Services account.

**Step 2: Practice in other States or Jurisdictions:**

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

State/Jurisdiction	License Type	License Number	License Status

**Step 3: Affidavit**

By placing my license into Emeritus status, I declare to be retired in all jurisdictions from the active practice of chiropractic.

I understand that any continued use of the chiropractic designations must be followed by the phrase (Ret.) or (Retired). OR I understand that any continued use of the chiropractic designations must be as followed: Doctor of Chiropractic, Emeritus or DC, Emeritus.

At such time as I may decide to return my Doctor of Chiropractic license to Active status, I will follow MINN. R. 2500.2130 EMERITUS CHANGE TO ACTIVE STATUS

**Step 4: Notarization**

By my signature below, I affirm that I have read and agree to all statements contained in this application.

Applicant's Signature BEFORE a Notary	Date
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(NOTARY SEAL)

**Notary:**

Signed and affirmed before me;

Signature of Notary Officer	Date	My Commission Expires
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~~~~~ MBCE OFFICE USE ONLY ~~~~~

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

Signature of Executive Director

Date of Approval