

Rights of Subject Data - Tennessean 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 reinstatement from Inactive to Active status. The applicant must ensure they have taken 20 units of continuing education as approved by the board the year prior to application for reinstatement. If they have an Inactive Registration, they must also provide appropriate continuing education for their registration to be reinstated to Active status.

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.

*****You are not authorized to provide acupuncture services until your application has been approved.*****

Related Minnesota Statutes and Rules

[MINN. STAT. 148.108 Fees](#)

[MINN. R. 2500.1200 Continuing Education](#)

[MINN. R. 2500.2020 Inactive License](#)

[MINN. R. 2500.2030 Annual Renewal of Inactive License](#)

[MINN. R. 2500.2040 Reinstatement of Inactive License](#)

[MINN. R. 2500.3300 Reinstatement of Inactive Acupuncture Registration](#)

[MINN. R. 2500.7080 Reinstatement of Inactive Animal Chiropractic Registration](#)

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

Step 1: Applicant Information

First Name	Middle Name	Last Name	Suffix
Other/Alias/Maiden Name		MN DC License #	
Public Address			
City	State	Zip Code	County
Business Phone	Alt Phone	Email address	

I give MBCE permission to use the above to update my contact information. 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 History

I remained in active practice in another state or country during the period of Inactive license status in Minnesota.

1. Below is a complete list of all states/jurisdictions where I have held/hold a Chiropractic license. I understand that I must request a license verification letter be sent to MBCE from each one. (Attach additional pages, if needed)

State/Jurisdiction	License Type	License Number	License Status

2. The following is a complete and accurate list of the addresses at which I practiced while my Minnesota license was Inactive (attach additional pages, if needed):

Clinic Name	Address	City/State	Zip Code	Date

3. Choose one of the following two options:

I am NOT currently under investigation in any other state/jurisdiction

I AM currently under investigation in another state/jurisdiction and have attached an explanation.

Step 3: Continuing Education

I have met the continuing education requirements as approved by Minnesota or the states or countries in which I practiced chiropractic or have taken at least 12 units of continuing education each year of inactive license status, whichever is greater.

I have included with this application or have sent separately to the MBCE, documentation of 20 units of continuing education as approved by the MBCE the year prior to application for reinstatement.

Step 4: Inactive Registrations

(Skip to Step 5 if not applicable)

I am applying to reinstate the following registration(s) from Inactive to Active status:

Acupuncture #: _____

I have completed two hours of continuing education credits in acupuncture or acupuncture-related subjects as approved by the board for each year the registration was inactive.

I have included with this application or have sent separately to the MBCE, documentation of 2 units of continuing education as approved by the MBCE the year prior to application for reinstatement.

Animal Chiropractic #: _____

I have completed six hours of continuing education credits in animal chiropractic-related subjects as approved by the board for each year the registration was inactive.

I have included with this application or have sent separately to the MBCE, documentation of 6 units of continuing education as approved by the MBCE the year prior to application for reinstatement.

Step 5: Notarized Affidavit

I hereby affirm that I have read, understand, and agree to the following:

- That the information submitted in this application may be used as the basis for further investigation by the Board, and under some circumstances the information could become available to other agencies or persons authorized by law to have access.
- I agree to abide by the laws of the State of Minnesota concerning the practice for which I am applying for reinstatement.
- Failure to disclose any of the requested information may result in the denial of this application for reinstatement.
- I understand that should I desire to change the status of my license or registration, I must allow up to 30 days for processing paper forms. If my paper application is not received in time to process the status change prior to my license or registration expiration date, I must renew under the current status to avoid incurring late fees and penalties.
- I have read and understand the Tennessee notice found on the cover letter of this application.
- I understand that I cannot practice chiropractic in the state of Minnesota until I receive written notification from the MBCE.
- I agree that I will cooperate with any investigation or inquiry initiated by the Board, according to MINN.STAT. 148.104 and that failure to answer a question truthfully may be grounds for discipline and/or termination of my License and/or Registration renewal pursuant to MINN.STAT. 148.10.

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

(NOTARY SEAL)

Notary:

Signed and affirmed before me;

Signature of Notary Officer

Date

My Commission Expires

Step 6: Fee and Submission

Enclosed:

Notarized application

\$187.50 non-refundable application fee, payable to MBCE*

*Personal/business check, bank-issued cashier's check, bank or USPS issued money order

Additional sheets if required by Step 2

Mail to:

Minnesota Board of Chiropractic Examiners

335 Randolph Avenue, Suite 280

Saint Paul, MN 55102-5501

~~~~~ 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

Signature of Executive Director

Date of Approval