

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 reinstating a Doctor of Chiropractic license from Voluntarily Retired to Active status.

Once all application requirements are completed, 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 chiropractic 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. 2500.2110 Reinstatement of Voluntarily Retired License](#)

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
Public Phone	Alt Phone	Email address	

I give the 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: Choose ONE of the following options, per MINN. R. 2500.2110

1. I have been voluntarily retired for a period of LESS than five (5) years and CAN verify continual practice elsewhere during that time. I am responsible for the following:
 - a. Completing all interim continuing education
 - b. Paying all accrued penalty fees and interim licensure fees
 - c. Repairing any deficiencies that occurred prior to retirement
2. I have been voluntarily retired for a period of GREATER than five (5) years and CAN verify continual practice elsewhere during that time. I am responsible for the following:
 - Completion of items a, b, and c above
 - Passing of MBCE's jurisprudence examination
3. I have been voluntarily retired for a period of LESS than five (5) years and CANNOT verify continual practice during that time. I am responsible for the following:
 - Completion of items a, b, and c above
 - An additional 10 CE units for each intervening renewal year
4. I have been voluntarily retired for a period of GREATER than five (5) years and CANNOT verify continual practice during that time. I am responsible for the following:
 - Completion of items a, b, and c above
 - Passing of MBCE's jurisprudence examination
 - Completion of the Special Purposes Examination in Chiropractic (SPEC) administered by the National Board of Chiropractic Examiners, or any other examination the Board may deem appropriate.

I understand that MBCE will review my file and send me a detailed list of reinstatement requirements that must be fulfilled before my application is complete and reviewed.

Step 3: Practice History:

If selected 1 or 2 above, provide information to verify continual practice. Attach additional pages if necessary.

Clinic Name	Dates of Practice	Clinic Address	City/State/Zip Code

Step 4: License History

Provide a complete list of states/jurisdictions where you hold/have held a Chiropractic license. *You must arrange to have a license verification sent to MBCE from each state/jurisdiction.* Attach additional pages if necessary.

State/Jurisdiction	License Type	License Number	License Status

Step 5: Practice Questions

- Answer each of the following questions 'Yes' or 'No'. No other response is acceptable.
- All 'Yes' answers MUST be explained in detail in the space provided.
- Applicants should be aware that answering a 'Yes' to some questions may necessitate special screening procedures by the MBCE.
- Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

YES

NO

1. Since your last application for renewal, have you been diagnosed and/or treated for any mental, physical, or cognitive condition that may affect your ability to practice with reasonable skill and safety and have not reported the condition or illness to Health Professionals Services Program (HPSP)? (If you have been diagnosed and you are participating in HPSP, for purposes of this application, you may answer 'NO' to this question.)
2. Since your last application for renewal, have you been diagnosed and/or treated for any substance use disorder that may affect your ability to practice with reasonable skill and safety and have not reported the condition or illness to Health Professionals Services Program (HPSP)? (If you have been diagnosed and you are participating in HPSP, for purposes of this renewal, you may answer 'NO' to this question.)
3. Since your last application for renewal, have you been charged with and/or convicted of any misdemeanor, gross misdemeanor, or felony crime including, but not limited to, any crime related to the use of alcohol or drugs?
4. Since your last application for renewal, have you been notified that a complaint has been filed against you, that you are under investigation, that you have been disciplined and/or that you have been denied a license, certification, or registration by a state or federal agency or regulatory board?
5. Since your last application for renewal, are you aware of any malpractice actions pending against you or of any malpractice settlements or judgments against you?
6. Since your last application for renewal, in any paid or unpaid job, have you been terminated, resigned in lieu of termination, or been subjected to disciplinary action by your employer due to any conduct that may be grounds for disciplinary action by a state or federal agency or regulatory board?
7. Since your last application for renewal, have you received notification from the Minnesota Department of Human Services or the United States Department of Health and Human Services, Office of the Inspector General, that you have been disqualified from providing direct care or excluded from participation in Medicare or Medicaid?

If you answered 'YES' to any of the Practice questions, please explain below (Attach additional pages if necessary):

Step 6: 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.
- Since the date of my last application filed with the Board, the answers given in this application are made by me personally and are true and correct.
- 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.
- Should I decide to change the status of my license or registration, I must allow up to 30 days for processing. If my application is not received in time to process the requested status change prior to my license or registration expiration date, renewal under the current status is required 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 7: Fee and Submission

Enclosed:

Notarized application
\$187.50 non-refundable application fee, payable to MBCE*
\$32 background check fee (if Vol Retired over 1 year)*
*Personal/business check, bank-issued cashier's check, bank or USPS issued money order
Additional sheets if required by Step 3, Step 4, or Step 5

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