
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 Voluntarily Retired status. It is intended for those persons who no longer have intention of practicing in Minnesota.

This application must be postmarked by December 10 in order to complete the status change before the end of the year. If postmarked January 1-end of February, your license will have been expired and late renewal penalties will be incurred. You may still submit this application, however, should you apply for reinstatement, the Board will assess your requirements, which may include interim renewal fees, penalty fees, and continuing education.

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. R. 2500.1110 License Termination Procedure](#)

[MINN. R. 2500.2100 Voluntarily Retired License](#)

[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 # | Email address |

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 |
| | | | |
| | | | |

I am NOT the subject of a current investigation and do not have disciplinary action against my license in another state or jurisdiction.

I AM the subject of a current investigation or have disciplinary action against my license in another state or jurisdiction and have attached an explanation.

Step 3: Effective Date:

Desired effective date of retirement: _____ (may not cross into next year unless renewed for next year)

Step 4: Affidavit:

By placing my license into Voluntarily Retired status, I am relinquishing all rights to actively practice chiropractic in the state of Minnesota.

At such time as I may decide to return my Doctor of Chiropractic license to Active status, I will follow MINN. R. 2500.2110 REINSTATEMENT OF VOLUNTARILY RETIRED LICENSE.

Step 5: 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 | (NOTARY SEAL) |
| Notary: Signed and affirmed before me; | | |

| | | |
|-----------------------------|------|-----------------------|
| Signature of Notary Officer | Date | My Commission Expires |
|-----------------------------|------|-----------------------|

~~~~~ MBCE OFFICE USE ONLY ~~~~~

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

Signature of Executive Director

Date of Approval