
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 licensees in good standing and with no continuing education audit deficiencies and will no longer actively practice chiropractic 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 through the end of February, your license will have expired, and late penalties will be applied. You may still submit this application, however, should you apply for reinstatement, the Board will assess your requirements, which may include the current renewal fee, penalty fees, and continuing education.

Related Minnesota Statutes and Rules

[MINN. R. 2500.1110 License Termination Procedure](#)

MINN. STAT. 148.075 Voluntarily Retired License

MINN. STAT. 148.076 Reinstatement of a 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 be later than expiration date of December 31)

Step 4: Affidavit:

- ☐ I am in good standing with the Minnesota Board of Chiropractic Examiners.
- ☐ I do not have a MBCE Continuing Education Audit deficiency.
- ☐ By placing my license into Voluntarily Retired status, I will no longer 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. STAT. 148.076 Reinstatement of a 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)
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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> |
|                          |                | Total \$ <b>N/A</b>                                |
| Date Re-Received Form    |                | Detail (if needed)                                 |
|                          |                | Initials                                           |

|                                 |                  |
|---------------------------------|------------------|
| Signature of Executive Director | Date of Approval |
|---------------------------------|------------------|