Rights of Subject Data - Tennessen 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 the Graduate Preceptorship Program. A Preceptor registration allows an experienced Doctor of Chiropractic to oversee a recent graduate to begin practicing and gain additional experience while working towards obtaining their own MN Doctor of Chiropractic license.

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.

An Extern is not authorized to provide chiropractic services until this application has been approved.

Related Minnesota Statutes and Rules

MINN. STAT 148.108
MINN. R. 2500.0100
MINN. R. 2500.2500
MINN. R. 2500.2505
MINN. R. 2500.2510
MINN. R. 2500.2515
MINN. R. 2500.2520
MINN. R. 2500.2525
MINN. R. 2500.2530

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

Graduate Preceptor Application

Step 1: Preceptor (Doctor) 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: Malpractice Insurance*

Malpractice Insurer Name	Policy #	Coverage Period/Dates

*Provide a copy of Malpractice Policy with application or email to chiropractic.board@state.mn.us

Step 3: Eligibility

☐ I have actively practiced chiropractic continuously for the preceding five (5) years.

☐ I have actively practiced chiropractic in Minnesota for at least the last three (3) years.

☐ I have never been disciplined by the MBCE or any state board and am not currently the subject of any professional disciplinary action in any state.

☐ I am in private practice only.

Step 4: Role of Preceptor

☐ As Preceptor, I affirm and agree to:

- Notifying the MBCE of any malpractice or disciplinary action that occurs subsequent to board approval of participation in the preceptorship training program.
- Be within the environment in which an extern is working at all times.
- Acting as a teacher to the extern within the practice environment.
- Direct the extern only in treatment care that is within my educational background experience.
- Provide all patients with a standard policy statement that informs them of the possibility of an extern performing various services, found in MINN. R. 2500.2515 Subp. 5 E.
- Meeting with the extern on a regular basis, at least one hour per week.
- Involve the extern in sharing patient care responsibilities, including:
    - Completing the history and examination
    - Conducting x-ray examinations, preparing reports, and conducting laboratory tests
    - Having the extern maintain patient records and convey information to the practice
    - Treatment of patients
- Approve the extern's treatment plan before implementing the treatment of a patient.

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

Step 6: Fee and Submission

Enclosed:

- ☐ $250 non-refundable application fee, payable to MBCE
  *Personal/business check, bank-issued cashier's check, bank or USPS issued money order
- ☐ Notarized application
- ☐ Copy of Preceptor's Malpractice Insurance Policy (may be emailed)

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 #
		Total $
Date Re-Received Form		Detail (if needed)
		Initials

Signature of Executive Director | Date of Approval

Preceptor/Extern Agreement

Step 1: Preceptor (Doctor) Information

First Name	Middle Name	Last Name	Suffix
Other/Alias/Maiden Name	MN DC License #	Email address	

Step 2: Extern (Graduate) Information

First Name	Middle Name	Last Name	Suffix
Other/Alias/Maiden Name		Email address	

Step 3: Clinic Information

Clinic Name			
Public Address			
City	State	Zip Code	Business Phone

Step 4: Agreement

We, the undersigned, have agreed to participate in the Graduate Preceptor Program as laid out in MINN. R. 2500.2500-2500.2530, for the following timeframe:

Start Date (cannot backdate, date must be in the future, giving MBCE 10 days to process application upon receipt)

End Date (Externship may not exceed 12 months)

Signature of Preceptor (Doctor)	Date
Signature of Extern (Graduate)	Date

MINNESOTA
BOARD OF CHIROPRACTIC EXAMINERS

Extern Application

Step 1: Extern (Graduate) Information

First Name	Middle Name (if none put N/A)	Last Name	Suffix
Other/Alias/Maiden Name	Date of Birth	Social Security Number	
Mailing Address			
City	State	Zip Code	County
Business Phone	Alt Phone	Email address	

Step 2: Chiropractic education*

Chiropractic College	Graduation Date

*Official copy of transcript must be requested to be sent directly to the MBCE

Step 3: Eligibility

- ◯ I have NOT held/hold a license in Chiropractic in another state/jurisdiction.
- ◯ I CURRENTLY hold/have held a license in Chiropractic in another state/jurisdiction.

  State/Jurisdiction where I am/was licensed: _____

  - ◯ I am NOT currently under the subject of any discipline or complaints.
  - ◯ I AM currently under the subject of any discipline or complaints.

Step 4: Practice Information

Name of Preceptor (Doctor)		Name of Clinic	
Location of Business; Street	City	State	Zip Code

Step 5: Malpractice Insurance

☐ I acknowledge that once the GPP application, Preceptor MPI policy, and Extern's official transcript have been received by the MBCE, a letter authorizing the Extern to obtain their own Malpractice Insurance policy will be issued. A copy of the policy must be submitted to the MBCE before the application may be reviewed for approval.

Step 6: 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