



Minnesota Board of Chiropractic Examiners

APPLICATION FOR REINSTATEMENT OF INACTIVE LICENSE

Please type or print legibly the following information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone: (____) _____ Fax: (____) _____

I, the undersigned, hold forth that the following is true:

1. I have been in active practice in _____ (name of state/s or country) from _____ (date) to _____ (date).

2. I have met the continuing education requirements of the above mentioned state and those requirements are at least 12 hours per year or I have obtained 12 hours of continuing education per year that I have held my Minnesota license in an inactive status. Attendance at continuing education programs is verifiable through the sponsor of those programs or through the above mentioned state/s.

3. The following is a complete and accurate list of the address(es) at which I practiced during the time my Minnesota license was in inactive status (attach additional sheets if necessary).

4. I have read, understood and complied with all of the provisions of Minnesota Chapter 2500.2040, Reinstatement of Inactive License.

5. I _____ am _____ am not currently under investigation in _____ (state) for allegations which may affect my license status in that state. If you are currently under investigation in another state, please explain briefly below (attach additional sheets if necessary):

2829 University Avenue SE #300, Minneapolis, Minnesota 55414-3220
Telephone 651-201-2850 • Fax 651-201-2852 • Internet www.mn-chiroboard.state.mn.us

This document is available in alternative formats by calling the Minnesota Relay Service at 1-800-627-3529

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My signature following the previous statements acts as my request for the Minnesota Board of Chiropractic Examiners to reinstate my license to practice chiropractic in the state of Minnesota. Enclosed with this affidavit is a check for \$100. I understand that I cannot practice chiropractic in the state of Minnesota until I have received written notification that my application for reinstatement has been approved.

Signature

Date

Before me personally appeared _____, to me known to be the person who signed this document of affidavit and being by me first duly sworn, on oath stated that all the statements in this affidavit are true and correct to the best of her/his knowledge and belief.

Signed and sworn before me this _____ day of _____, _____

Signature of Notary

(S E A L)

FOR MBCE OFFICE USE ONLY:

| Form Related Information | Payment Information | Received Stamp |
|--|---------------------|----------------|
| Incomplete Form Returned: | Check # | |
| Date Re-Received Form: | Amount | |
| CE Requirements Met: | Date | |
| Letter(s) of Standing Received: | | |
| CIN-BAD: | | |
| Application Approved: | | |
| _____ Signature of the Executive Director | | _____ Date |
| License Effective: | License Mailed: | |

MINNESOTA BOARD OF CHIROPRACTIC EXAMINERS

Administrative Rules Relating to Inactive License
(Revised May, 2010)

2500.2020 INACTIVE LICENSE.

A Minnesota licensed chiropractor may apply to the board for an inactive license according to items A to C. An inactive license is intended for those chiropractors who will be in active practice elsewhere.

A. Applicants must complete a board-approved application which must include a signed affidavit stating that the applicant will no longer be actively practicing chiropractic in the state of Minnesota.

B. Upon approval of an application, the board will modify the annual license certificate to indicate inactive licensure.

C. The board may refuse to approve an application if:

- (1) a pending or final disciplinary action exists against an applicant's Minnesota license;
- (2) a pending or final disciplinary action exists against an applicant's license in another state where the applicant has been licensed to practice chiropractic; or
- (3) the applicant's Minnesota license is not current in fees and penalties paid, or in continuing education units obtained for annual license renewal.

2500.2030 ANNUAL RENEWAL OF INACTIVE LICENSE.

The annual renewal fee for an inactive license is 75 percent of the current fee imposed by the board for license renewal.

2500.2040 REINSTATEMENT OF INACTIVE LICENSE.

An inactive license may be reinstated to a nonrestricted license according to items A to E:

- A. completion of a board-approved application of reinstatement;
- B. payment of a reinstatement fee in the amount of \$100;
- C. submission of a certification of good standing from each state the doctor was granted a license;
- D. submission of a notarized statement from the doctor stating:
 - (1) that the doctor has remained in active practice in another state or country during the period of inactive license status in Minnesota;
 - (2) that the doctor has met the continuing education requirements as approved by Minnesota or the states or countries in which the doctor practiced chiropractic, or has taken at least 12 units of continuing education each year of inactive license status, whichever is greater; and
 - (3) the specific addresses of where the doctor has been in active practice; and
- E. completion of 20 units of continuing education as approved by the board the year prior to application for reinstatement.

If any of the requirements of items A to E are not met by the doctor, the board will deny approval of the application for reinstatement.