

Minnesota Board of Chiropractic Examiners

Independent Examiner Application

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, 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 designee's, 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.

Minnesota Statute, section 148.09 INDEPENDENT EXAMINATION.

A doctor of chiropractic conducting a physical examination of a patient or a review of records by a doctor of chiropractic, for the purpose of generating a report or opinion to aid a reparation obligor under chapter 65B in making a determination regarding the condition or further treatment of the patient, shall meet the following requirements:

- (1) the doctor of chiropractic must either be an instructor at an accredited school of chiropractic or have devoted not less than 50 percent of practice time to direct patient care during the two years immediately preceding the examination;
- (2) the doctor of chiropractic must have completed any annual continuing education requirements for chiropractors prescribed by the Board of Chiropractic Examiners;
- (3) the doctor of chiropractic must not accept a fee of more than \$500 for each independent exam conducted; and
- (4) the doctor of chiropractic must register with the Board of Chiropractic Examiners as an independent examiner and adhere to all rules governing the practice of chiropractic.

Minnesota Rules, part 2500.1160 INDEPENDENT EXAMINATION REGISTRATION.

Subpart 1. Qualifications; proof.

Documentation establishing that a chiropractor meets the qualifications must be included with the application to register with the board as an independent examiner under Minnesota Statutes, section [148.09](#). A chiropractor must be licensed to practice in Minnesota and must have been in practice for the two years immediately preceding registration.

The chiropractor/instructor must present to the board proof of instructor status or attest to being involved in direct patient care for 50 percent of the time spent in practice during the two years immediately preceding the independent examination of a patient. An affidavit on a form as provided by the board must be filed with the board at the time of application to register.

Subp. 2. Registration.

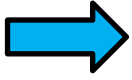
The chiropractor must apply for registration with the board not less than 30 days prior to the anticipated date of commencement of independent examinations. The chiropractor must pay a registration fee as established by the board in part [2500.1150](#), item G.

Subp. 3. Annual renewal.

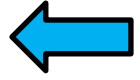
An annual renewal of registration is required before March 1 of each year after initial registration with the board. The chiropractor must pay an annual renewal fee as set by the board in part [2500.1150](#), item H. The chiropractor must fulfill the continuing education requirements set by the board in part [2500.1200](#), and meet all other registrations requirements continuously for renewal. Renewals are done online through your board account.

Please retain these rules for your records!

Minnesota Board of Chiropractic Examiners Independent Examiner Application



All boxes must be answered or marked as “not applicable.” Unanswered questions will result in the application being returned to you and will delay processing.



Step 1: Licensee Information.

First Name	Full Middle Name	Last Name	suffix
Other/alias/maiden name	business phone	email	
Mn DC license #	Length of time Licened in MN	Other state DC license(s)	

I affirm that my business address, business phone number and email address recorded with the Board are current and accurate. I understand that I am required by law to update this information within 30 days if a change and that I may log into my secure online account to update this information at any time.

Step 2: Affidavit to the Minnesota Board of Chiropractic Examiners (MBCE)

- I hereby swear that I am a doctor of chiropractic conducting a physical examination of a patient or a review of records by a doctor of chiropractic, for the purpose of generating a report or opinion to aid a reparation obligor under Minnesota Statutes chapter 65B in making a determination regarding the condition or further treatment of the patient, and I meet the following requirements:

- I am an instructor at an accredited school of chiropractic or have devoted not less than 50 percent of practice time to direct patient care during the two years immediately preceding the independent examination.

- I will not accept more than \$500 per independent examination as required by MINN. STAT. 148.09 subdivision 3.

- I affirm that the above requirements are to be met on a continuous basis, and that the MBCE may require me to present proof that I have complied with MINN. STAT. 148.09 at any time.

- I affirm that I may not perform any Independent Examinations for a period of 30 days following approval of my Initial application by the board.

- I affirm that this registration will expire the last day of February each year. Renewal of my registration requires the payment of a \$100 non-refundable fee and the submission of an updated affidavit which may be accomplished through my online account with the Board. My eligibility for registration renewal shall be dependent upon whether I meet all renewal requirements which may be established by rule.

Step 3: Notarized Signature

I further acknowledge and agree as follows:

I, the undersigned, being duly sworn, do state upon oath that I understand and agree to the above.

Applicant's Signature BEFORE a Notary

Date

NOTARY:

Subscribed and sworn to before me personally on:

This _____ day of _____,

(NOTARY SEAL)

Signature of Notary

Step 4: Fee & Submission

Submit this application along with a **Registration fee of \$150** payable to the **MBCE** by U.S. mail to:

**Minnesota Board of Chiropractic Examiners
335 Randolph Avenue, Suite 280
Saint Paul, MN 55102-5501**

Questions, please contact the Licensing Coordinator at 651-201-2848

MBCE OFFICE USE ONLY

Form Related Information	Received Stamp	Payment Information
Incomplete Form Returned To Licensee		Check/money order Number
Date Re-Received Form		Fee \$ Initials

Signature of Executive Director

Date of Approval or Reinstatement to Active