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### **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 an Independent Examiner registration, under your Doctor of Chiropractic license. This registration will allow you to conduct a physical examination of a patient or a review of records 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.

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 independent examiner services until your application has been approved.\*\*\***

### **Related Minnesota Statutes and Rules**

[MINN. STAT. 148.09 Independent Examination](#)

[MINN. STAT. 148.108 Fees](#)

[MINN. R. 2500.0100 Definitions](#)

[MINN. R. 2500.1160 Independent Examination Registration](#)

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](mailto: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: Qualifications

I: Am an instructor at an accredited school of chiropractic (must provide proof)

OR

Have devoted not less than 50% of practice time to direct patient care during the two (2) years immediately preceding the examination.

I have completed the annual continuing education requirements for chiropractors by the MBCE.

### Step 3: Affidavit

I will not accept a fee of more than \$500 for each independent exam conducted.

I will register with the MBCE as an independent examiner at least 30 days prior to the anticipated date of commencement.

I will adhere to all the rules governing the practice of chiropractic.

I understand that the Independent Examiner registration expires the last day of February, each year. To renew, the Chiropractor must pay an annual renewal fee of \$100, complete the online renewal application, and be current with MBCE's continuing education requirements.

### Step 4: 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:		(NOTARY SEAL)
Signed and affirmed before me;		
Signature of Notary Officer	Date	My Commission Expires

### Step 5: Fee and Submission

#### Enclosed:

Notarized application  
\$200 non-refundable application fee, payable to MBCE\*  
\*Personal/business check, bank-issued cashier's check, bank or  
USPS issued money order

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

Signature of Executive Director

Date of Approval