



Minnesota Board of Chiropractic Examiners

Mailing List Request Form

INSTRUCTIONS:

1. Complete this form for your List of Chiropractors by checking ALL boxes that apply
2. Make your check payable to the Minnesota Board of Chiropractic Examiners (or MBCE)
3. Submit this form with payment to: MBCE; 2829 University Ave SE, Ste 300; Minneapolis, MN 55414

NAME: _____

ADDRESS: _____

EMAIL*: _____

PHONE #: _____

*The list will be sent to your email address; please be sure to print clearly.

FIELDS: Please check ALL fields you would like included. We do NOT provide emails, websites, or fax numbers:

- | | |
|---|--|
| <input type="checkbox"/> NAME | <input type="checkbox"/> COUNTY |
| <input type="checkbox"/> ADDRESS | <input type="checkbox"/> SCHOOL |
| <input type="checkbox"/> PHONE NUMBER | <input type="checkbox"/> DATE OF BIRTH |
| <input type="checkbox"/> EFFECTIVE DATE OF LICENSE | <input type="checkbox"/> GRADUATION DATE |
| <input type="checkbox"/> EXPIRATION DATE OF LICENSE | <input type="checkbox"/> LICENSE NUMBER |
| <input type="checkbox"/> LICENSE STATUS: | |
| ___ ACTIVE ___ INACTIVE ___ VOLUNTARILY RETIRED | |
| <input type="checkbox"/> REGISTRATION: | |
| ___ ACUPUNCTURE | ___ INDEPENDENT EXAMINER |
| ___ GRADUATE PRECEPTOR | ___ PROFESSIONAL FIRM |
| <input type="checkbox"/> OTHER _____ | |

FORMAT: Please indicate the format in which you would like the list sent to you:

- EXCEL DOCUMENT
- TEXT FILES (choose one delimiter preference)
- ___ COMMA ___ TAB ___ SEMICOLON

SCOPE: Choose either a full list or an update:

- FULL DC LIST = \$100
- MONTHLY UPDATE = \$10 per month

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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