

Instructions

1. **Complete** this form and check all boxes that apply
2. **Include** payment to the Minnesota Board of Chiropractic Examiners (MBCE)*
3. **Submit** this form with payment to: MBCE, 335 Randolph Ave, Suite 280, Saint Paul, MN 55102
4. **Mailing list** will be sent electronically as an Excel spreadsheet to the email address provided

Name _____

Address _____

Email** _____

Phone # _____

***The list will be sent to your email address; so please be sure to print clearly*
Please check all fields you would like included. We do not provide emails, websites or fax numbers.

Name	Address	Phone #	Date of Birth
License #	Effective Date	Expiration Date	

License Status (Renewable)

Active

License Status (Non-Renewable) *Disclaimer: The MBCE is unable to verify the completeness or accuracy of non-renewable licenses*

Voluntarily Retired	Emeritus	Board Terminated
Other _____		

Registrations

Animal Chiropractor	Acupuncture	Independent Examiner
Professional Firm	Graduate Preceptor	

Payment to the Minnesota Board of Chiropractic Examiners (MBCE)
** Acceptable forms of payment include a personal / business check, cashiers' check, or money order issued by a bank or USPS*
\$200.00 included

~~~~~ 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                                |