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### **Rights of Subject Data - Tennessen 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 form for the purpose of changing your legal name with the MBCE. A Doctor of Chiropractic may not practice under a false or assumed name and must notify the MBCE within 30 days of the name change.

Once all requirements are submitted, they will be reviewed, and upon approval of name change, a confirmation email will be sent. Should you like a duplicate certificate with your new name, you may request one by logging into Online Services.

The MBCE requires Primary Source Verification. All documents must be the original or a certified copy. Once reviewed, the document will be mailed back, however, if you do not feel comfortable submitting the documents in the mail, you may contact the office to set up an in-person appointment.

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

[MINN. STAT. 148.10 Subd. 1 \(3\) License Revoked; New Licenses](#)

[MINN. STAT. 148.108 Fees](#)

[MINN. R. 2500.1105 Change of Name or Address](#)

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)

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**Step 1: Current Licensee Information**

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First Name	Middle Name	Last Name	Suffix
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MN DC License #	Email address
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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: New Name Information**

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New First Name	New Middle Name	New Last Name	New Suffix (optional)
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**Step 3: Supporting documentation**

I have included the following original or certified copy document\*:

Marriage Certificate	Other:
Divorce Decree	
Court Order	

\*MBCE requires Primary Source Verification such as an original or certified copy of a marriage certificate, divorce decree, or court ordered name change. The document must verify your former legal name and new legal name. *If the document does not confirm your new legal name, you must also provide a second document such as social security card or driver's license verifying your new legal name.*

MBCE will mail back all official documents. If you do not feel comfortable sending documents through the mail, you must call 651-201-2850 to schedule an appointment for processing in-person.

**Step 4: Notarization**

By my signature below, I affirm that I have read and agree to all statements contained in this application.

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Applicant's Signature BEFORE a Notary	Date
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**Notary:**

Signed and affirmed before me;

(NOTARY SEAL)

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Signature of Notary Officer	Date	My Commission Expires
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Signature of Executive Director	Date of Approval
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