
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 a Professional Firm registration, under your Doctor of Chiropractic license. This registration complies with Minnesota Chapter 319B Professional Firms.

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.

Related Minnesota Statutes and Rules

[Minnesota Chapter 319B Professional Firms](#)
[MINN. STAT. 148.108 Fees](#)

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

Step 1: Applicant Information

First Name	Middle Name	Last Name	Suffix
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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: Professional Firm Information

Firm Business Name (name ending must comply with MINN. STAT. 319B.05 Firm Name)		
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Firm Contact Name	Firm Phone Number	Firm Email Address
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Firm Business Address		
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City	State	Zip

Step 3: Ownership

List name and license information for all owners below. Owners must be as described in [MINN. STAT. 319B.07](#) (attach additional sheet if needed):

Owner 1 First, Middle, Last Name	License type	License #	License Status	% of Shares
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Owner 2 First, Middle, Last Name	License type	License #	License Status	% of Shares

Step 4: Organizational Documents

Enclosed with this application, I have included the following:

Organizational documents (Articles of Incorporation/Organization)

Document includes an election to operate under MINN. STAT. 319B

OR

Amendment to Organizational documents to include an election to operate under MINN. STAT. 319B

Proof of registration with the Minnesota Secretary of State (stamped articles or certificate)

Step 5: Affidavit

I understand that the Professional Firm registration expires each year on December 31 and requires submission of a renewal application and fee.

Step 6: 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 SEAL)

Notary:

Signed and affirmed before me;

Signature of Notary Officer

Date

My Commission Expires

Step 7: Fee and Submission

Enclosed:

\$100 non-refundable application fee, payable to MBCE*

*Personal/business check, bank-issued cashier's check, bank or

USPS issued money order

Notarized application

Organizational documents

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