



Minnesota Board of Chiropractic Examiners

APPLICATION FOR REINSTATEMENT OF VOLUNTARILY RETIRED LICENSE

GENERAL INFORMATION

Please type or print legibly the following information:

Last Name	First Name	Full Middle Name	Minnesota DC License Number
Clinic Name			
Street Address			County
City	State	Zip Code	
Phone:	Fax:	Email	

I, the undersigned, hold forth that the following is true:

1 HAVE / HAVE NOT been in active practice since my last active license in Minnesota.

2 The following is a complete and accurate list of the address(es) at which I practiced during the time my Minnesota license was in voluntarily retired status. (Attach additional sheets if necessary.) Check here if this statement does not apply.

Dates of Practice	Clinic Name	Address

3 AM / AM NOT currently under investigation in any state or jurisdiction for allegations which may affect my license status in that state or jurisdiction. If you are currently under investigation in another state, please explain on an attached sheet and include a copy of any and all disciplinary orders, law enforcement or other related documents.

4. HAVE / HAVE NOT met the continuing education requirements for reinstatement as listed in Minnesota Rules 2500.2110. (Enclose copies of all attendance receipts.)

FOR BOARD USE ONLY:

Approved by: Executive Director

Date

Form Related Information	Payment Information	Received Stamp
Incomplete Form Returned To Licensee	Check #	
Date Re-received Form	Amount	
CIN-BAD	Date	
CE Requirements Met:	Letter(s) of Standing Received:	
License Effective:	License Mailed:	

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

Minnesota Board of Chiropractic Examiners is an affirmative action / equal opportunity employer. The Minnesota Board of Chiropractic Examiners does not discriminate in employment on the basis of race, color, creed, sex, marital status, disability, public assistance, age, sexual orientation, or membership on a local human rights commission. Modified 10/13/2010

5. List below all states in which you now hold a professional license or in which have changed a professional license status since your last application with this Board. (Attach additional sheets if necessary.) (Submit a letter of good standing directly from each such state/ jurisdiction listed.)

State & Type of License	License Number	Original Licensure Date	Current Standing
Minnesota			

6. Since your last application with the Board have you acquired any condition or impairment which in any way affects, or if left untreated might affect, your ability to practice chiropractic in a competent and professional manner? (If yes attach explanation.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Do you have any health related condition which, if left untreated, may in any way impair or limit your ability to practice chiropractic with reasonable skill and safety?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Has any license held ever been suspended or revoked? (If yes attach explanation.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Are you currently the subject of a pending complaint or investigation in any state or jurisdiction? (If yes attach explanation.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Are you currently registered to perform Acupuncture?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Have you been accused, arrested, charged, convicted, pled guilty, or pled nolo contendere (no contest) to any offense (civil or criminal) other than a traffic ticket? (Note: this includes, but is not limited to, any conviction or charges involving the use of alcohol or other drugs whether or not in connection with the operation of a motor vehicle; denial by any other licensing authority to grant a professional license for any reason; restriction of any license by any other licensing authority for any reason; denial of the privilege of taking an examination for any professional licensure; being charged with a violation of the honor code of any educational facility; or having been dropped, suspended, placed on probation, expelled, or requested to resign from any post secondary educational program in which you were enrolled, for reasons in whole or in part, unrelated to grades. You have a right not to answer this question on a good faith assertion under the Fifth Amendment to the Constitution. In the event you choose to assert the Fifth Amendment, you must do so in writing. Your application will be processed, however, such a claim may result in an investigation and the initiation of special procedures to ensure protection of the public.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

NOTICE: An answer of "Yes" to questions 5-11 above must be accompanied by a separate, notarized explanation.

SIGNATURE

My signature following the previous statements acts as my request for the Minnesota Board of Chiropractic Examiners to reinstate my license to practice chiropractic in the state of Minnesota to an active status. Enclosed with this affidavit is a check for \$100. I understand that I must also submit the annual renewal fees and verification of continuing education units described in the letter accompanying this application. I understand that I cannot practice chiropractic in the state of Minnesota until I have received written notification that my application for reinstatement has been approved.

⇒ ⇐ Signature: _____ Date: _____

Before me personally appeared _____, to me known to be the person who signed this document of affidavit and being by me first duly sworn, on oath stated that all the statements in this affidavit are true and correct to the best of her/his knowledge and belief.

Signed and sworn before me this _____ day of _____, 20____.

 Signature of Notary

(S E A L)

FEE AND CHECKLIST FOR REINSTATEMENT SUBMISSION

1. Attached to this application is the \$100 non-refundable reinstatement fee. Make checks payable to "MBCE". All checks must be drawn on a United States bank and must state the amount in U.S. dollars. DO NOT SEND CASH BY MAIL.
2. Attached a check in the amount of the annual renewal fees as defined in Minnesota Rule 2500.2110 (C) and described in the enclosed letter.
3. Enclosed a separate signed and notarized affidavit explaining each question answered by a "Yes".
4. Enclosed verification of continuing education units as required by Minnesota Rule 2500.2110 (D).
5. Placed the signed and notarized form(s) and attachments described above in an envelope addressed to: Minnesota Board of Chiropractic Examiners, 2829 University Avenue SE, Suite 300, Minneapolis, Minnesota 55414.
6. Requested a letter of good standing be sent to the Board *directly* from each such state/ jurisdiction from all other states in which you now hold a professional license or in which have changed a professional license status since your last application with this Board.
7. Minnesota law requires you to inform the MBCE of name and/or address changes within thirty days of a change. Further, the law requires that all such changes must be submitted to the MBCE in writing. If you have a name and/or address correction, please note the change on this application form in the space provided.

2500.2110 REINSTATEMENT OF VOLUNTARILY RETIRED LICENSE.

A. An applicant who has voluntarily retired a license may be reinstated or restored to full status by:

- (1) completing a board-approved application of reinstatement;
- (2) paying a reinstatement fee in the amount of \$100;
- (3) submitting a certification of good standing from each state the doctor was granted a license; and
- (4) following one of the applicable procedures in items B to F.

B. An applicant who has been voluntarily retired for a period of less than five years, and who can verify continual practice elsewhere during that time, shall be reinstated by completing all interim continuing education and paying all accrued penalty fees and interim licensure fees which would have been required for continual licensure, and repairing any deficiencies that occurred prior to retirement.

C. An applicant who has been voluntarily retired for a period of greater than five years who can verify continual practice elsewhere during that time must, in addition to following the procedures in items A and B, complete the board's jurisprudence examination.

D. An applicant who has been voluntarily retired for a period of less than five years, and who cannot verify continual practice during that time, shall be reinstated by completing all interim continuing education that would have been required for continual licensure, completing an additional ten units of approved continuing education for each intervening renewal year, paying all accrued penalty fees and interim licensure fees that would have been required for continual licensure, and repairing any deficiencies that occurred prior to retirement.

E. An applicant who has been voluntarily retired for a period of greater than five years, and who cannot verify continual practice during that time, shall be reinstated by paying all accrued penalty fees and interim licensure fees that would have been required for continual licensure, repairing any other deficiencies that may have occurred prior to retirement, taking the board's jurisprudence examination, and completing the Special Purposes Examination in Chiropractic administered by the National Board of Chiropractic Examiners, or any other examination the board may deem appropriate.

F. At the election of the applicant, the board shall waive any of the continuing education requirements in items B to D, upon successful completion of the Special Purposes Examination in Chiropractic administered by the National Board of Chiropractic Examiners, or other examination the board may deem appropriate, within the 12 months preceding the application.

Any continuing education units acquired in another jurisdiction, for the purposes of license renewal, may be applied to items B, C, and D. None of the continuing education units obtained for the purpose of reinstating a voluntarily retired license apply to the current annual requirement. Applicants must complete a board-approved application of reinstatement.

Statutory Authority: *MS s 14.23; 148.08*

History: *19 SR 734; 26 SR 31; 27 SR 1102; 34 SR 1328*

Posted: *August 24, 2011*

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This information will be made available, upon request, in alternative formats (for example, large print, Braille, cassette tape, etc.)

Upon the MBCE's issuance/renewal of your registration, all information which you provide on, or as an attachment to, this form is classified as public under *Minnesota Statutes 13.41, subdivision 2 and 4, except your social security number.*

The purpose and intended use of this information is to enable the MBCE to determine whether you meet statutory and rule requirements for registration. You are not legally required to provide this information, but if you fail to do so, your registration will not be renewed.

Additional information is available on the board's web site at www.mn-chiroboard.state.mn.us. Inquiries may be sent to the board by email to chiropractic.board@state.mn.us; by fax number at 651-201-2852; by calling 651-201-2850; or by US Mail addressed to: MBCE, 2829 University Ave SE, Suite 300, Minneapolis, MN 55414.

Only forms containing original signatures will be processed. Faxed copies are not acceptable.

Minnesota law requires you to inform the MBCE in writing of name and/or address changes within thirty days of a change.