



# Minnesota Board of Chiropractic Examiners

APPLICATION FOR INACTIVE LICENSE STATUS  
Rev. 09/2012

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

MN License No: \_\_\_\_\_ Length of time in MN: \_\_\_\_\_

List other state(s) in which you hold a license and the status of that license: \_\_\_\_\_

State in which current active practice is located: \_\_\_\_\_

Are you the subject of pending or final disciplinary action against your license in another state? \_\_\_\_\_  
If yes, explain on a separate sheet of paper.

## AFFIDAVIT

By placing my license into an inactive status, I agree that I will abide by the conditions of an inactive status license listed in *Minnesota Rules 2500.2020 and 2500.2030*. These conditions include, but are not limited to, the requirements that I will no longer actively practice chiropractic in the state of Minnesota, **but will be in active practice elsewhere**.

At such time as I apply to return my inactive status license to an active status, I agree that I will abide by the conditions of reinstatement of an inactive license listed in *Minnesota Rules 2500.2040*. These conditions include, but are not limited to, the requirement that I obtain 20 units of Minnesota board-approved continuing education in the year prior to reinstatement. Further, I understand that any continuing education obtained as a requirement for reinstatement of my license shall be separate from, and shall not apply to, active status license renewal requirements in effect at the time of reinstatement.

I, the undersigned, being duly sworn, do state upon oath that I understand and agree to the above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary

(SEAL)

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

## MBCE OFFICE USE ONLY

\_\_\_\_\_  
Signature of Approval

\_\_\_\_\_  
Date of Approval

2829 University Avenue SE #300, Minneapolis, Minnesota 55414-3220  
Telephone 651-201-2850 • Fax 651-201-2852 • Internet [www.mn-chiroboard.state.mn.us](http://www.mn-chiroboard.state.mn.us)

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## **MINNESOTA BOARD OF CHIROPRACTIC EXAMINERS**

Administrative Rules Relating to Inactive License  
(Revised May, 2010)

### **2500.2020 INACTIVE LICENSE.**

A Minnesota licensed chiropractor may apply to the board for an inactive license according to items A to C. An inactive license is intended for those chiropractors who will be in active practice elsewhere.

- A. Applicants must complete a board-approved application which must include a signed affidavit stating that the applicant will no longer be actively practicing chiropractic in the state of Minnesota.
- B. Upon approval of an application, the board will modify the annual license certificate to indicate inactive licensure.
- C. The board may refuse to approve an application if:
  - (1) a pending or final disciplinary action exists against an applicant's Minnesota license;
  - (2) a pending or final disciplinary action exists against an applicant's license in another state where the applicant has been licensed to practice chiropractic; or
  - (3) the applicant's Minnesota license is not current in fees and penalties paid, or in continuing education units obtained for annual license renewal.

### **2500.2030 ANNUAL RENEWAL OF INACTIVE LICENSE.**

The annual renewal fee for an inactive license is 75 percent of the current fee imposed by the board for license renewal.

### **2500.2040 REINSTATEMENT OF INACTIVE LICENSE.**

An inactive license may be reinstated to a nonrestricted license according to items A to E:

- A. completion of a board-approved application of reinstatement;
- B. payment of a reinstatement fee in the amount of \$100;
- C. submission of a certification of good standing from each state the doctor was granted a license;
- D. submission of a notarized statement from the doctor stating:
  - (1) that the doctor has remained in active practice in another state or country during the period of inactive license status in Minnesota;
  - (2) that the doctor has met the continuing education requirements as approved by Minnesota or the states or countries in which the doctor practiced chiropractic, or has taken at least 12 units of continuing education each year of inactive license status, whichever is greater; and
  - (3) the specific addresses of where the doctor has been in active practice; and
- E. completion of 20 units of continuing education as approved by the board the year prior to application for reinstatement.

If any of the requirements of items A to E are not met by the doctor, the board will deny approval of the application for reinstatement.