

CHAPTER 2500
STATE BOARD OF CHIROPRACTIC EXAMINERS
CHIROPRACTORS' LICENSING AND PRACTICE

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2500.0100 DEFINITIONS.

[For text of subps 1 to 4a, see M.R.]

Subp. 4b **Diagnosis**. "Diagnosis" means the physical, clinical, and laboratory examination of the patient, and the use of X-ray for diagnostic purposes within the scope of practice described in Minnesota Statutes, sections 148.01 to 148.10.

[For text of subp 5, see M.R.]

Subp. 5a. **Good standing**. "Good standing" means any license which is not the subject of current disciplinary action as identified in Minnesota Statutes, section 148.10, subdivisions 1, 3, and 4. The pendency of a complaint shall not cause a license to lose good standing unless and until the complaint results in disciplinary action under Minnesota Statutes, section 148.10 or pursuant to a stipulation and order. A license shall be restored to good standing upon the satisfactory completion, expiration, or other agreed upon termination of all terms of a stipulation and order. An agreement for corrective action as described under Minnesota Statutes, section 214.103, subdivision 6, shall not cause a license to lose good standing.

[For text of subps 6 to 8, see M.R.]

Subp. 8a. **Intern**. "Intern" means an unlicensed graduate of a board-approved chiropractic college who assists in the care of patients outside the confines of the clinic of a chiropractic college.

[For text of subp 9, see M.R.]

Subp. 9a. **License**. "License" means a license issued by the board to practice chiropractic including an original license or renewal license.

Subp. 9b. **Practice of chiropractic**. "Practice of chiropractic" means the diagnosis, prognosis, and treatment by chiropractic methods that include those procedures preparatory to and complementary to an adjustment and the normal chiropractic regimen and rehabilitation of the patient as taught in accredited chiropractic schools and colleges.

Subp. 9c. **Private practice**. "Private practice" means a privately owned chiropractic business held individually or by incorporation operating without the interest of any hospital, teaching facility, or insurance company.

[For text of subps 10 to 12, see M.R.]

Statutory Authority: *MS s 148.08*

History: *20 SR 1245*

2500.0200 PROFESSIONAL STANDARDS FOR ADVERTISING.

Subpart 1. **Individual advertising**. All advertisements, of any nature whatsoever, including office designation and business displays, must bear the name of the licensee or licensees. All advertisements which solicit patronage without disclosing the name or names of the practitioner or practitioners to the reader so that the public may know who is soliciting their patronage are wrongful.

[For text of subps 2 and 3, see M.R.]

Statutory Authority: *MS s 148.08*

History: *21 SR 196*

2500.0600 BOARD CERTIFICATION ADVERTISING.

A licensee who represents in any advertisement the possession of any credential, certification, or registration shall identify the board, agency, or other body which issued the additional credential, certification, or registration.

Statutory Authority: *MS s 148.08*

History: *20 SR 1245*

2500.1100 INDIVIDUAL ANNUAL LICENSE RENEWAL.

[For text of subpart 1, see M.R.]

Subp. 2. Renewal fees. The license of each licensee shall expire at midnight on December 31 each year. Subject to the terms of part 2500.1200, the board shall renew the license upon receipt from the licensee of a license renewal fee of \$200, plus any applicable penalty fee in subpart 3. Each licensee shall submit the license renewal fee and all required renewal materials, postmarked no later than December 31 in the year of license expiration, for renewal in the following calendar year.

[For text of subp 3, see M.R.]

Statutory Authority: *MS s 148.08*

History: *21 SR 196*

2500.1110 LICENSE TERMINATION PROCEDURE.

[For text of subpart 1, see M.R.]

Subp. 2. Notice. By January 31 of each year, the board shall send to the address on file with the board, a notice to each licensee who has not made application for license renewal. The notice shall state one or more of the following:

[For text of items A to E, see M.R.]

Subp. 3. Date of termination. If the application for renewal, including required information about continuing education, and the annual fees, late fees, or notice of voluntary retirement is not received by the board by the date specified in the notice, the license shall be terminated. The termination shall not be considered a disciplinary action against the licensee.

[For text of subps 4 and 5, see M.R.]

Statutory Authority: *MS s 148.08*

History: *21 SR 196*

2500.1200 CONTINUING EDUCATION.

[For text of subps 1 to 4, see M.R.]

Subp. 5. Professional boundaries and reporting parameters for abuse. All chiropractors applying for licensure or for the renewal of a license on or after January 1, 1992, inclusive in the 40 hours of continuing education hours required every two calendar years, must have completed eight hours of course work or training regarding the establishment of professional boundaries in the clinical setting, and the identification and reporting of child and vulnerable adult abuse and maltreatment. The course work or training must be obtained from an institution or provider which has been approved by the board to provide such course work or training.

The course work or training must include the following:

- A. boundary training as it relates to professional conduct in the clinical setting;
- B. information regarding the physical and behavioral indicators of child and vulnerable adult abuse and maltreatment; and
- C. the statutory reporting requirements in Minnesota Statutes, chapter 626, including, but not limited to, when and how a report must be made, what other actions a reporter is mandated or authorized to take, the legal protections afforded reporters, and their consequences for failure to report.

Each chiropractor must provide the board with documentation showing proof of attendance and successful completion of the required training.

Each chiropractor who is applying for licensure must fulfill this provision before taking the board licensure examination.

This provision must be fulfilled by licensed chiropractors by January 1, 1997, January 1, 2002, and every four years thereafter.

Subp. 6. Full-time faculty. Full-time faculty of a chiropractic college accredited by the Council on Chiropractic Education may have up to 12 units of continuing education credit applied to each biennial requirement. Full-time faculty shall be defined as such by the chiropractic college by which they are employed. Licensees applying for this credit shall have the college submit written verification of faculty status before any such credit may be applied. This credit may not be applied to the requirements for radiographic safety, technique, or interpretation; infection control; or professional boundaries.

Statutory Authority: *MS s 148.08*

History: *21 SR 196*

2500.1250 CONTINUING EDUCATION PROGRAM APPROVAL.

A list of all programs to be provided, including amendments or additions to said list, must be submitted by the sponsor to the board no less than 45 calendar days prior to the presentation date of the first such program. Failure to do so may result in disapproval of each program scheduled to be presented 45 days or less from the submission date.

Statutory Authority: *MS s 148.08*

History: *20 SR 1245*

2500.1720 PROGRAMS DEVELOPED.

Doctors of chiropractic licensed in Minnesota may obtain continuing education units for the development of a program which meets the standards set forth in part 2500.1500. No more than 12 continuing education units may be awarded and applied to the next biennial requirement in part 2500.1200.

To obtain approval, the chiropractor must submit the following to the board:

- A. a summary of the program;
- B. a listing of at least one date on which the program was presented; and
- C. a statement of which type of continuing education units the chiropractor wants to be awarded.

Continuing education units shall be awarded under this part only once for each chiropractor for each new program developed.

Statutory Authority: *MS s 148.08*

History: *21 SR 196*

2500.1900 LICENSE REINSTATEMENT.

The license of any licensee which is not renewed or which is revoked, suspended, or reduced in status by reason of failure to comply with the continuing education requirements of parts 2500.1200 to 2500.2000 may, at the election of the licensee or former licensee, be reinstated or restored to full status by either of the following procedures:

A. submission to the board executive director of proof of the make up of all continuing education course hour and subject matter requirements which would have been necessary for continuous licensure from the date of such person's last license renewal or initial licensure, whichever is more recent, and submission to the board's executive director of proof of attendance at an additional ten hours of board recognized and approved continuing education courses for each intervening renewal year; or

B. reexamination by the board at the time for which it next schedules license examinations. No such reexamination shall be conducted except upon a written application therefor received by the board executive director not less than 30 days prior to the examination date.

Statutory Authority: *MS s 148.08*

History: *21 SR 196*

2500.2000 WAIVER OR DEFERMENT OF CONTINUING EDUCATION REQUIREMENTS.

The board shall waive or defer compliance with some or all annual continuing education requirements for any licensee presenting satisfactory written evidence to the board of illness or hardship making it impossible or highly impractical for the licensee to attend or to have attended a sufficient number of approved continuing education units. No deferment will be considered unless submitted in writing prior to the deadline for license renewal. No deferment shall last more than 60 days. Any deferment granted shall not continue beyond March 31 following the date of the written request.

Statutory Authority: *MS s 148.08*

History: *21 SR 196*

2500.2500 DEFINITIONS.

[For text of subp 1, see M.R.]

Subp 2 [Repealed, 20 SR 1245]

Subp. 3. [Repealed, 20 SR 1245]

Subp. 4. [Repealed, 20 SR 1245]

Subp. 5. [Repealed, 20 SR 1245]

Subp. 6. [Repealed, 20 SR 1245]

[For text of subps 7 and 8, see M.R.]

Subp. 9. [Repealed, 20 SR 1245]

Statutory Authority: *MS s 148.08*

History: *15 SR 2138; 19 SR 734*

2500.5000 RECORDKEEPING.

All items in this part should be contained in the patient record. However, a record to justify patient care must contain items A, B, C, E, G, and I.

A. A description of past conditions and trauma, past treatment received, current treatment being received from other health care providers, and a description of the patient's current condition including onset and description of trauma if trauma occurred.

B. Examinations performed to determine a preliminary diagnosis based on indicated diagnostic tests, with an indication of all findings of each test performed.

[For text of item C, see M.R.]

D. A treatment plan that describes the procedures and treatment used for the conditions identified, including approximate frequency of care.

[For text of items E and F, see M.R.]

G. Results of reexaminations that are performed to evaluate significant changes in a patient's condition, including tests that were positive or deviated from results used to indicate normal findings

H. When symbols or abbreviations are used, a key that explains their meanings must accompany each file when requested in writing by the patient or a third party.

I. Documentation that family history has been evaluated.

Statutory Authority: *MS s 148.08*

History: *21 SR 196*