

1 Board of Chiropractic Examiners

2

3 Adopted Permanent Rules Relating to Advertising, Licensing, and
4 Continuing Education

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6 Rules as Adopted

7 2500.0200 PROFESSIONAL STANDARDS FOR ADVERTISING.

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

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

16 2500.1100 INDIVIDUAL ANNUAL LICENSE RENEWAL.

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

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

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

27 2500.1110 LICENSE TERMINATION PROCEDURE.

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

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

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

34 Subp. 3. Date of termination. If the application for

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

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

8 2500.1200 CONTINUING EDUCATION.

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

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

21 The course work or training must include the following:

22 A. boundary training as it relates to professional
23 conduct in the clinical setting;

24 B. information regarding the physical and behavioral
25 indicators of child and vulnerable adult abuse and maltreatment;
26 and

27 C. the statutory reporting requirements in Minnesota
28 Statutes, chapter 626, including, but not limited to, when and
29 how a report must be made, what other actions a reporter is
30 mandated or authorized to take, the legal protections afforded
31 reporters, and their consequences for failure to report.

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

35 Each chiropractor who is applying for licensure must

1 fulfill this provision before taking the board licensure
2 examination.

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

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

16 ~~Subp. 7. Alternative forms. All chiropractors may obtain~~
17 ~~up to 12 units of their 40-unit biennial requirement through~~
18 ~~mediums other than traditional classroom presentations. Such~~
19 ~~programs may include, but not be limited to, videotape and~~
20 ~~correspondence courses. All such programs must be approved by~~
21 ~~the board or a board-approved sponsor, in compliance with parts~~
22 ~~2500.1200 to 2500.2000. Continuing education units may not be~~
23 ~~obtained in this manner for requirements in radiographic safety,~~
24 ~~technique, or interpretation, infection control, or professional~~
25 ~~boundaries.~~

26 2500.1720 PROGRAMS DEVELOPED.

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

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

- 34 A. a summary of the program;
- 35 B. a listing of at least one date on which the

1 program was presented; and

2 C. a statement of which type of continuing education
3 units the chiropractor wants to be awarded.

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

6 2500.1900 LICENSE REINSTATEMENT.

7 The license of any licensee which is not renewed or which
8 is revoked, suspended, or reduced in status by reason of failure
9 to comply with the continuing education requirements of parts
10 2500.1200 to 2500.2000 may, at the election of the licensee or
11 former licensee, be reinstated or restored to full status by
12 either of the following procedures:

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

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

27 2500.2000 WAIVER OR DEFERMENT OF CONTINUING EDUCATION
28 REQUIREMENTS.

29 The board shall waive or defer compliance with some or all
30 annual continuing education requirements for any licensee
31 presenting satisfactory written evidence to the board of illness
32 or hardship making it impossible or highly impractical for the
33 licensee to attend or to have attended a sufficient number of
34 approved continuing education units. No deferment will be
35 considered unless submitted in writing prior to the deadline for

1 license renewal. No deferment shall last more than 60 days.
2 Any deferment granted shall not continue beyond March 31
3 following the date of the written request.

4 2500.5000 RECORDKEEPING.

5 ~~A-record-containing-a-preponderance-of-the-information-in~~
6 ~~items-A-to-G, as determined by the board, shall constitute a~~
7 ~~complete-patient-record.~~ All items in this part should be
8 contained in the patient record. However, a record to justify
9 patient care must contain items A, B, C, E, G, and I.

10 A. A description of past conditions and trauma, past
11 treatment received, current treatment being received from other
12 health care providers, and a description of the patient's
13 current condition including onset and description of trauma if
14 trauma occurred, ~~and documentation that family history has been~~
15 ~~evaluated.~~

16 B. Examinations performed to determine a preliminary
17 diagnosis based on indicated diagnostic tests, with an
18 indication of all findings of each test performed. ~~When symbols~~
19 ~~or abbreviations are used, a key that explains their meanings~~
20 ~~must accompany each file when requested by the patient or a~~
21 ~~third party.~~

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

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

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

27 G. Results of reexaminations that are performed to
28 evaluate significant changes in a patient's condition, including
29 ~~at least an evaluation of~~ tests that were positive or deviated
30 from results used to indicate normal findings.

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

34 I. Documentation that family history has been
35 evaluated.