

# APPLICATION FOR APPROVAL OF NON CHIROPRACTIC OR NON CCE COURSE

Course Title	[Course Title]
Licensee Name	[Participant name]
Date	[Date]
Location	[City/Location/Department]
Instructor Name	[Instructor name]
Instructor Email	[Instructor email]
Number of continuing education hours requested	

This application must be completed in its entirety. All final or draft advertisement brochures and/or promotional materials if used, must accompany the application. A course syllabus or outline, a vitae of all instructors and (if applicable) a letter verifying the speakers affiliation with an appropriate educational institution must also accompany this application. Applications will be submitted to the Board for approval only when complete and the proper fee has been received. Submission of form and fee do not guarantee approval.

Please complete this form and return with attachments (by mail) to:

Alabama State Board of Chiropractic Examiners  
126 Chilton Place  
Clanton, AL 35045

**LICENSEE INFORMATION**

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Contact information for person filling out this application:

Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

FAX (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

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**COURSE PRESENTATION**

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Date(s) and location of course

\_\_\_\_\_  
\_\_\_\_\_

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What best identifies the educational experience: (please circle - not all formats accepted)

(a) Lecture (b) Convention (c) Forum (d) Workshop (e) Home Study (e) Video Presentation

(f) Other: \_\_\_\_\_

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Exact hours course is scheduled for \_\_\_\_\_

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a. Is course approved/sponsored by any school having status with the CCE?    YES    NO

b. Is course approved/sponsored by any other healing arts school or college?    YES    NO

If YES to either, name of school \_\_\_\_\_

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Is an examination or evaluation process part of the program? Describe

\_\_\_\_\_

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I hereby certify that all information listed above is correct and that nothing has been omitted. The required enclosures are also included.

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

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