

CONTINUING EDUCATION APPLICATION

*Form approved by the Federation of Chiropractic Licensing Boards 4/96-Does not guarantee program approval.
Check with board prior to submission as acceptance of form may vary from state to state.*

BOARD(s) circle all you wish to apply to: AL AK AZ AR CA CO CT DE DC FL GA HI ID
IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC
ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY

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 accompany this application. **Two** copies (with attachments) must be submitted. Applications will be submitted to the Board for approval only when complete and the proper fee has been received. *Acceptable program criteria may vary among boards.*

NAME OF COURSE OR SEMINAR _____

1. Organization or school presenting course _____
2. Contact information for person filling out this application: Check if school/sponsor is a PACE approved provider

Name _____ Phone (____) _____ FAX (____) _____ Email _____

Address _____

3. Name of cosponsor (if applicable) _____

- | 4. Date(s) course will be offered | Locations |
|-----------------------------------|-----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

5. Fee to be charged to participant _____ Fee covers _____

6. What best identifies the educational experience: *(please circle-not all formats accepted by all boards)*
(a) Lecture (b) Convention (c) Forum (d) Workshop (e) Home Study
(f) Video Presentation (g) Other: _____

7. Exact hours course is scheduled for _____

8. Number of continuing education hours requested _____

9. Name(s) of instructors *(attach CV's or resumes)*
- _____
- _____
- _____
- _____

10. Provide name of attendance officer, method of certifying/assuring attendance, who maintains attendance records for verification?

11. List text(s) and equipment used as aids _____

12. 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 school _____

13. Is an examination or evaluation process part of the program? *Describe* _____

14. Are any promotional publications or advertisements being used? YES NO
If YES, please attach final or draft copies (if draft, please mail a copy of the final version later).

15. Does this course include practice building, either as a part of the program itself, or as an optional offering? YES NO If YES, please explain _____

16. Does this course either promote a product or apparatus or offer a product or apparatus as an optional item for inspection by those attending? YES NO
If YES, please explain _____

17. Will those attending be given a product as a gift or at a reduced price? YES NO
If YES, please explain _____

18. **TOPICS AND HOURS REQUESTED FOR APPROVAL:** **No. of Hrs**

- (A) Principles of Practice/Philosophy of Chiropractic _____
- (B) Examination Procedures/Diagnosis _____
- (C) Physical therapy/Physiological therapeutics _____
- (D) Nutrition _____
- (E) Adjustive technique _____
- (F) Radiographic technique/safety _____
- (G) Diagnostic imaging interpretation _____
- (H) Insurance reporting/Procedures _____
- (I) Practice management _____
- (J) Philosophy of Chiropractic _____
- (K) Risk Management _____
- (L) Basic sciences _____
- (M) Research trends _____
- (N) Medical/legal _____
- (O) HIV Prevention / education _____
- (P) Boundaries issues _____
- (Q) Scope of practice _____
- (R) Other (Specify) _____

A syllabus or course outline may be submitted in lieu of hourly breakdown for long term courses.

Approved by the board: YES NO

Name: _____

Date: _____

Approval # (if applicable) _____

Total Number of Hours Requested for Approval _____

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

Print name _____ Signature _____
Title _____

APPLICATION FEE ARRANGEMENTS _____

NOTE: PRIOR APPROVAL OF A CONTINUING EDUCATION COURSE BY A CHIROPRACTIC REGULATORY BOARD DOES NOT ASSURE FUTURE APPROVAL. APPROVAL OF A CONTINUING EDUCATION COURSE BY ONE BOARD DOES NOT IMPLY OR ASSURE APPROVAL BY OTHER BOARDS.