

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 also 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:

Name _____ Phone (____) _____ FAX (____) _____ E-mail _____

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

(e) Video Presentation (f) Other: _____

7. Exact hours course is scheduled for _____

8. Number of continuing education hours requested _____

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

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 the course being presented PACE approved? YES NO

If Yes, please provide PACE Approval # _____

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

c. 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	_____
(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 that 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.

ADDITIONAL INFORMATION may be required by the Board - if applicable, see attached