

## 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: <input type="checkbox"/> YES <input type="checkbox"/> 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