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 identities the educational experience: (please circle - not all formats accepted by all boards)
   (a) Lecture (b) Convention (c) Forum (d) Workshop (e) Home Study (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, the $50.00 fee is not required for Nevada. 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:
   (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) __________________________

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