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, 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

If YES to either, name school _____________________________________________________________
c. Is course approved/sponsored by any other healing arts school or college? □ YES □ NO
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) ____________________________

   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 ____________________________________________

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