

# 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

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.**

YES  NO  
 Approved by the board: \_\_\_\_\_  
 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**