

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, and (if applicable) a letter verifying the speakers affiliation with an appropriate educational institution must also accompany this application. 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

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

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CHIROPRACTIC PHYSICIAN'S BOARD OF NEVADA

4600 Kietzke Lane, M-245 | Reno, Nevada 89502-5000

Phone: (775) 688-1921 | Fax: (775) 688-1920

Website: <http://chirobd.nv.gov> | Email: chirobd@chirobd.nv.gov

CREDIT CARD AUTHORIZATION FORM

I, hereby authorize the Chiropractic Physicians' Board of Nevada, 4600 Kietzke Lane, Suite M245, Reno, Nevada 89502 to charge my credit card account for payment of the following Continuing Education Course(s).

Name of Course: _____

Date of Event: _____

If you are paying for additional courses please provide the information on a separate page.

Credit Card #: _____ Exp. Date: _____

Address _____

City _____ State _____ Billing Zip Code _____

Name on Card: (please print): _____

Email: _____

Today's Date: _____ Phone #: _____

Total Amount to be charged: \$ _____

This form is being provided for your convenience. You may also contact the Board at (775) 688-1921 to make payment over the phone.