

# 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 speaker's affiliation with an appropriate educational institution must 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: \_\_\_\_\_ Check if School/Sponsor is a PACE Approved Provider

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ FAX( ) \_\_\_\_\_ Email \_\_\_\_\_

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  
(f) Video Presentation (g) Other: \_\_\_\_\_

7. Exact hours course is scheduled for \_\_\_\_\_

8. Number of continuing education hours requested \_\_\_\_\_

9. Name(s) of instructors *(attach CV's or resumes)*

_____	_____
_____	_____
_____	_____
_____	_____

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 course approved/sponsored by any school having status with the CCE?  YES  NO

b. 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/Philosophy of Chiropractic \_\_\_\_\_
- (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 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.*