

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. Applications will be submitted to the Board for approval only when complete. **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 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* _____

rev 3/06

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 _____

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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.