CONTINUING EDUCATION APPLICATION

<u>Form</u> 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 instructions and (if applicable) a letter verifying the speakers affiliation with an appropriate educational institution must 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				
Addres	Email				
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 (<i>attach CV's or resumes</i>)				
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 College? YES NO 				
	If YES to either, name school				
13.	Is an examination or evaluation process part of the program? <i>Describe</i>				
ev 9/23					

Does this course include practice b offering? YES NO Ij	f YES, please explain				
Does this course either promote a product or apparatus or offer a product or apparatus as an optional					
item for inspection by those attending	g?	<u> </u>	YES 🗌 N		
If YES, please explain					
Will those attending be given a produ	uct as a gift or at a reduced price?	YES	NO		
If YES, please explain					
TOPICS AND HOURS REQUEST	TED FOR APPROVAL:	No. of Hrs			
(A) Principles of Practice/Philosophy	of Chiropractic				
(B) Examination Procedures/Diagnos	•				
(C) Physical therapy/Physiological th	nerapeutics				
(D) Nutrition	-		Q		
(E) Adjustive technique					
(F) Radiographic technique/safety					
(G) Diagnostic imaging interpretation	n		YES		
(H) Insurance reporting/Procedures					
(I) Practice management					
(J) Philosophy of Chiropractic	A syllabus or course outline may be		i i i i i i i i i i i i i i i i i i i		
(K) Risk Management	submitted in lieu of		ed by the board:		
(L) Basic sciences	hourly breakdown for long term courses.		the		
(M) Research trends	iong term courses.				
(N) Medical/legal			rove ::		
(O) HIV Prevention / education		. <u></u>	Approve Name: Date:		
(P) Boundaries issues					
(Q) Scope of practice(R) Other (Specify)					

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

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