

# 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 check - not all formats accepted by all boards)*

Lecture      Convention      Forum      Workshop      Home Study  
Video Presentation      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*

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) \_\_\_\_\_

**Total Number of Hours Requested for Approval** \_\_\_\_\_

**A syllabus or  
course outline may  
be submitted in lieu of  
hourly breakdown for  
long term courses.**


NO

YES

Approved by the board:  
Name: \_\_\_\_\_

Date: \_\_\_\_\_  
Approval # (if applicable) \_\_\_\_\_

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.