<p align="center">**PACE Pre-Check Expedited Course Submission for NEW MEXICO**</p>

INSTRUCTIONS:

The New Mexico Board of Chiropractic Examiners accepts PACE recognition as satisfying the requirements of the Board for purposes of the Licensure Verification process. However, courses must still be individually approved by the Board.

In lieu of the New Mexico Continuing Education Application, PACE Providers may submit the attached form along with the appropriate application fees.

To receive full CE credit, attendance data must be uploaded to the PACE database within 30 days of course completion.

The fee for application of a CE course module is $50.00.

PLEASE NOTE: **NEW MEXICO REQUIRES CE UNITS TO BE A FULL CLOCK HOUR.** Breaks cannot be included in CE hour calculations.

Advanced Practice: If you are requested Advanced Practice considerations for any CE hours, those credits MUST be in an approved AP subject: Injectables, Toxicology, or Pharmacology

Mail completed forms and fees to:

New Mexico Board of Chiropractic Examiners
PO Box 25101
Santa Fe, NM 87504

PACE Pre-Check Expedited Course Submission for NEW MEXICO
CE shall comply with the chiropractic scope of practice as defined by New Mexico Statute 61-4-9

Provider/Sponsor _____   PACE Course ID# _____

Course Title _____

Hours requested for Approval: _____

Course is offered: ☐ Online (max 8 hours)   or   ☐ Live (complete the following)

Course date _____   Location _____

Instructor(s) _____

──────────────── CREDITS ────────────────

Please complete the following breakdown of subjects by time. Credits must be given in FULL 60-minute hours.
For online courses ONLY, time may be listed as "hour 1, hour 2"… etc.

(Example)

Time	Subject	Credits
8:00 – 9:00 am	Research Trends	1
9:00 – 9:15 am	Break	0

Time	Subject	Credits

Practice Building is NOT accepted for continuing education credit.
Acupuncture and Meridian Therapy do not fall under NM chiropractic scope.

──────────────── CONTACT INFORMATION ────────────────

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Signature _____