CONTINUING EDUCATION APPLICATION

<u>Form</u> approved by the Federation of Chiropractic Licensing Boards 4/96 - Does not guarantee program approved. 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. One copy (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:	A STATE OF THE STA	
1.	Organization or school presenting course		
2.	Contact information for person filling out this	s application:	
Name	Phone:	Fax:	E-Mail
Address			
3.	Name of co-sponsor (if applicable)		
4.	Date(s) courses will be offered	Locations	
5.	Fee to be charged to participant	Fee covers	
6.	(a) Lecture (b) Convention (c) Forum (e) Video Presentation (f) Other:	n (d) Workshop (e) Home Study
7.	Exact hours course is scheduled for		
8.	Number of continuing education hours reque	sted	
9.	Name(s) of instructors (attach CV's or resum	es)	
10.	Provide name of attendance officer, methorecords for verification? Michelle Yungblut,	od of certifying/assuring atte Director of CE. Please see at	endance, who maintains attendance tached document for method.
11.	List text(s) and equipment used as aids		
12.	a. Is course approved/sponsored by a school b. Is course approved/sponsored by any other of YES to either, name school		Yes No
13.	Is an examination or evaluation process part	of the program? Describe	No

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 ver	rsion later).			
15.	Does this course include practice building, either as a part of the program itself, or as an optional offering? If YES, please explain	Yes	No		
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? If YES, please explain	☐ Yes	□ No		
17.	Will those attending be given a product as a gift or at a reduced price? If YES, please explain	☐ Yes	□ No		
18.	TOPICS AND HOURS REQUESTED FOR APPROVAL: No. of Hrs				
	(A) Principles of Practice	<u></u>			
	(B) Examination Procedures/Diagnosis	0			
	(C) Physical therapy / Physiological therapeutics	N N			
	(D) Nutrition	h			
	(E) Adjustive technique				
	(F) Radiographic technique / safety (X-Ray)	S 2	:		
	(G) Diagnostic imaging interpretation	YES			
	(H) Insurance reporting / Procedures				
	(I) Practice management				
	(J) Philosophy of Chiropractic	ırd:	able		
	(K) Risk management A syllabus or course	009	pplic		
	Outline may be Submitted in lieu of	y the board: (if applicable			
	(M) Research trends hourly breakdown for	roved by the board: te: roval # (if applicab)			
	(N) Medical / legal				
	(O) HIV prevention / education	A pp Nam Date A pp			
	(P) Boundaries issues				
	(Q) Scope of practice				
	(R) Other	·			
	Total Number of Hours Requested for Approval				
19.	I hereby certify that all information listed above is correct and that nothing has be enclosures are also included.	en omitted. T	he required		
Print n	ame Signature				
Title					
APPL	ICATION FEE ARRANGEMENTS Application Fee Attached				
	NOTE: PRIOR APPROVAL OF A CONTINUING EDUCATION COURSE BY A CHIR				
	BOARD DOES NOT ASSURE FUTURE APPROVAL. APPROVAL OF A CONTINUIBY ONE BOARD DOES NOT IMPLY OR ASSURE APPROVAL BY OTHER BOARDS.	NG EDUCATIO	IN COURSE		