



DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
 DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BOARD OF CHIROPRACTIC EXAMINERS
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CONTINUING EDUCATION APPLICATION

- \$50.00 Initial Continuing Education Course Review
- \$25.00 Continuing Education Course Change Review

Completion and submission of this form does not guarantee program approval. This application must be completed in its entirety. 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.

This application must be typed

1. Organization or school presenting course: _____

Contact information: Name _____ Telephone # _____

Address: _____

2. Name of Cosponsor (if applicable) _____

3. **NAME OF COURSE OR SEMINAR** _____

Is this a new course or seminar?

Yes - Continue completing the application.

No - Has there been any change to the following:
 Course outline, instructor/speaker vitae, program hours and/or x-ray hours?

Yes -Continue completing the application.

No - Please provide our course ID # _____ and proceed to #7, sign and date (No need to submit course outline/syllabus, speaker/ instructor vitae).

4. Program Topic (check those that apply):

- Treatment & Adjustment Technique, Examination & Diagnosis
- X-ray & Diagnostic Imaging

5. Number of continuing education hours requested: _____

6. Number of x-ray or diagnostic imaging hours requested: _____

7. Program dates: _____

8. Name(s) of instructor(s)/speaker(s)-(attach copy of CV's or résumés)

9. Attendance verification method and certifying officer: _____

I hereby certify that all information listed above is correct and that nothing has been omitted. The required enclosures are also included.

Print Name (same as #2): _____

Signature: _____ Title: _____