

CONTINUING EDUCATION HOURS REQUESTED FOR APPROVAL (Continued)

Please break down your program in the proper categories with the number of continuing education hours requested.

CATEGORY	HOURS REQUESTED
DIAGNOSTIC IMAGING INTERPRETATION	
BASIC SCIENCES	
RESEARCH TRENDS	
SCOPE OF PRACTICE	
RISK MANAGEMENT	
Insurance Reporting / Procedures	
Medical / Legal	
HIV Prevention / Education	
Boundaries Issues	
Public Health and Safety	
Documentation / Medical Records	
OTHER (SPECIFY):	
TOTAL NUMBER OF HOURS REQUESTED FOR APPROVAL	

PLEASE NOTE: The Indiana Board of Chiropractic Examiners has determined that courses in the areas of practice management, contact reflex analysis, acupuncture and philosophy are not acceptable for approval of continuing education hours.

NAME OF INSTRUCTOR(S)

Please list the names of instructor(s). Attach curriculum vitas or resumes.

VERIFICATION OF ATTENDANCE

Who will maintain adequate records of course participants and agree to provide participants with a record of attendance and to retain records of attendance by participants for four (4) years from the date of the program?

What is the method of certifying attendance?

ADDITIONAL INFORMATION REQUESTED

1. Have you enclosed an original and a copy of the advertisement brochure and / or promotional materials, if used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
2. Have you submitted an original and a copy of the following information with your application:			
a. Course syllabus or outline of the material covered in the course giving specific times of lectures.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. A brief summary of the program content	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Date(s) of the program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Location(s) of the program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e. The number of hours requested.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Indiana application for approval of continuing education.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Have you enclosed an original and a copy of the curriculum vitae and/or resumes of all instructors showing education and professional background?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Have you read and reviewed 846 IAC 1-8 regarding the approval of continuing education programs for chiropractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

APPLICATION AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant

Date signed (month, day, year)

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