Arkansas State Board of Chiropractic Examiners

101 East Capitol Ave., Suite 209, Little Rock, Arkansas 72201 P: (501) 682-9015 F: (501) 682-9016
www.arkansas.gov/asbce

CONTINUING EDUCATION PRE-APPROVAL REQUEST FORM

Fee is $5 per credit hour

1. Name of course, program or seminar:_____
2. Sponsoring organization:_____
3. Continuing education hours offered:_____
4. Instructor(s):_____
5. Are instructors on CCE college postgraduate staff? ☐ Yes ☐ No
6. Compliance Officer Name:_____
7. Location(s): ☐ Online ☐ In Person (city, state)_____
8. Date(s):_____ _____
9. Is this course, program or seminar sponsored by, co-sponsored by, or presented under the auspices of a CCE accredited college? ☐ Yes ☐ No
10. Include educational background and vitae of each instructor.
11. Provide sample of certifying attendance. **Note**: *The Arkansas approval number must be included on all certificates of attendance.*
12. Provide outline of material to be covered.

I hereby certify that all information listed above is correct and all required attachments are provided.

_____

Signature *Title* *Date*

Board Office Use Only

_____

Board Reviewer Date ☐ Approved ☐ Disapproved

Approval #: AR_____

Check #:_____

Amount: _____

Receipt #: _____