

Application for Continuing Education Credit Approval Instructions

The following steps must be followed when submitting a request for continuing education credit approval to the Arkansas State Board of Chiropractic Examiners:

1. Complete form
2. Provide the course syllabus or outline.
3. Include resumes / CVs for instructors.
4. Include number of proposed continuing education hours.
5. Provide all locations and dates.
6. Provide sample of method of certifying attendance. **The Arkansas Approval number must be included on all certificates of attendance.**
7. Include a five dollar (\$5) processing fee per every credit hour of instruction for each seminar, per subject material, per calendar year.
8. The course work must be at the physician level and the content of the program must be scientific and related to the practice of chiropractic.
9. Forward completed form and accompanying information and processing fee(s) to:

Arkansas State Board of Chiropractic Examiners
101 East Capitol
Suite 209
Little Rock, AR 72201

COURSE APPROVAL FOR CONTINUING EDUCATION

1. NAME OF COURSE, PROGRAM or SEMINAR:

2. SPONSORING ORGANIZATION:

3. **NUMBER** OF HOURS OF INSTRUCTION: _____

4. INSTRUCTOR(S):

5. ARE INSTRUCTORS ON CCE COLLEGE POSTGRADUATE STAFF?

YES _____ NO _____

6. INCLUDE EDUCATIONAL BACKGROUND AND VITAE OF EACH INSTRUCTOR.

7. WHO IS THE COMPLIANCE OFFICER? _____

8. WHAT IS THE METHOD OF CERTIFYING ATTENDANCE? PROVIDE SAMPLE.

9. PROVIDE OUTLINE OF MATERIAL TO BE COVERED.

10. LOCATION(S)

11. DATE(S): _____

12. IS THIS COURSE, PROGRAM or SEMINAR SPONSORED BY, CO-SPONSORED BY, or PRESENTED UNDER THE AUSPICES OF A CCE ACCREDITED COLLEGE? YES _____ NO _____

13. I HEREBY CERTIFY THAT ALL INFORMATION LISTED ABOVE IS CORRECT AND ALL REQUIRED ATTACHMENTS ARE PROVIDED.

CONTACT NAME (Print): _____

SIGNATURE: _____

TITLE: _____

SPONSOR ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PROCESSING FEE ENCLOSED: \$ _____ (\$5 per hour of instruction, for each seminar, per subject material, per calendar year.)

Approved: _____ APPROVAL # _____

Denied: _____

Date: _____