

APPLICATION FOR APPROVAL OF NON CHIROPRACTIC OR NON CCE COURSE

Course Title	[Course Title]
Licensee Name	[Participant name]
Date	[Date]
Location	[City/Location/Department]
Instructor Name	[Instructor name]
Instructor Email	[Instructor email]
Number of continuing education hours requested	

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. Applications will be submitted to the Board for approval only when complete and the proper fee has been received. Submission of form and fee do not guarantee approval.

Please complete this form and return with attachments (by mail) to:

Alabama State Board of Chiropractic Examiners
126 Chilton Place
Clanton, AL 35045

LICENSEE INFORMATION

Contact information for person filling out this application:

Name _____ Phone(____) _____

FAX (____) _____ E-mail _____

Address _____

COURSE PRESENTATION

Date(s) and location of course

What best identifies the educational experience: (please circle - not all formats accepted)

(a) Lecture (b) Convention (c) Forum (d) Workshop (e) Home Study (e) Video Presentation

(f) Other: _____

Exact hours course is scheduled for _____

a. Is course approved/sponsored by any school having status with the CCE? YES NO

b. Is course approved/sponsored by any other healing arts school or college? YES NO

If YES to either, name of school _____

Is an examination or evaluation process part of the program? Describe

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

Print name _____

Signature _____

Title _____