

STATE BOARD OF CHIROPRACTIC
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-7155
www.dos.state.pa.us

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION PROGRAMS

REQUIREMENTS

- A. The hours must be directed toward keeping the licensee apprised of advancements and new developments in chiropractic which build upon the basic courses required to practice chiropractic and which are in the following areas:
- | | |
|-----------------|-----------------------------|
| 1. Anatomy | 9. Hygiene and Sanitation |
| 2. Physiology | 10. Symptomatology |
| 3. Histology | 11. Chiropractic analysis |
| 4. Chemistry | 12. X-ray |
| 5. Pathology | 13. Chiropractic principles |
| 6. Physics | 14. Chiropractic technique |
| 7. Bacteriology | 15. Adjunctive procedures |
| 8. Diagnosis | |
- B. The application must be submitted to the State Board of Chiropractic at least 90 days prior to the date on which the program is scheduled to be presented.
- C. Fee - **\$30.00 per course, per location made payable to the "Commonwealth of Pennsylvania". FEES ARE NON-REFUNDABLE.**
- D. Chiropractic continuing education courses may be conducted or sponsored by an approved chiropractic college or by an individual or chiropractic association or organization. Course instructors shall be faculty members of an approved chiropractic college or certified by an approved chiropractic college as qualified to teach the course.
- E. One (1) credit hour equals 50 minutes of applicable instruction, exclusive of coffee breaks, lunches, visits to exhibits, etc.
- F. Changes in subject material to be taught or instructors after approval of this course can result in loss of credit for the portion that has been changed.

THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION:

1. A detailed outline of the course which includes a brief description of the subject matter to be presented and which lists the course subject, the actual time and date of presentation and the instructor teaching this subject.
2. A current curriculum vitae of each speaker or lecturer appearing in the program.
3. A current letter from an approved chiropractic college stating the instructor/s is a faculty member of the chiropractic college or recognized by the chiropractic college as qualified to teach the course.
4. Sample of the certificate of attendance that is to be issued to each person in attendance. The certificate must contain the name of the sponsor, name of the licensee, title of the course, date of the course, number of credit hours, board approval number and signature of person authenticating attendance. The certificate of attendance issued to licensees must contain a statement that the certificate must be maintained by the licensee for 4 years.
5. **FOR ON-LINE OR OTHER ALTERNATIVE TYPES OF COURSES ONLY** – submit a detailed DESCRIPTION of the method utilized to **AUTHENTICATE** attendance and completion of at least 50 documented minutes per hour of coursework (a sample of the certificate of attendance does not fulfill this requirement.)

COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF CHIROPRACTIC
P.O. BOX 2649
HARRISBURG, PA 17105-2649

TRANSMITTAL NO. _____

AMOUNT _____

DATE _____

**APPLICATION FOR APPROVAL OF
CONTINUING CHIROPRACTIC EDUCATION PROGRAM**

NAME OF SPONSOR: _____

ADDRESS OF SPONSOR: _____

Street

City

State

Zip

NAME OF CONTACT PERSON: _____ TITLE: _____

ADDRESS OF CONTACT PERSON: _____

Street

City

State

Zip

PREVIOUS PA APPROVAL NUMBER:
(if submitting exact same course for additional dates)

EMAIL OF CONTACT PERSON: *

*will be used for application correspondence

TELEPHONE NUMBER: _____

TITLE OF COURSE: _____

DATE OF COURSE: _____

LOCATION OF COURSE: _____

City

State

NUMBER OF CREDIT HOURS: _____ PACE Course ID# (if applicable) _____

NAME OF PERSON WHO WILL AUTHENTICATE THE ATTENDANCE AT THE COURSE:

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa.C.S. Section 4911.

NAME: _____ TITLE: _____

SIGNATURE: _____