LOUISIANA

Louisiana Board of Chiropractic Examiners

APPROVED: _____

APPROVAL #: _____

DATE: _____

DENIED: _____

DENIAL #_____

CONTINUING EDUCATION APPLICATION

This application must be complete in its entirety. All advertisement brochures and/or promotional materials, if used, must accompany the application. A course syllabus or outline, vitae of all instructors and (if applicable) a letter verifying the speaker's affiliation with an appropriate educational institution must accompany this application. Applications will be submitted to the Board for approval only when complete and the proper fee has been received.

NAME OF COURSE OR SEMINAR:_____

_____

1. Organization or school presenting course: _____

2. Contact information for person filling out this application:

   Name: _____Phone: _____FAX/EMAIL_____

   Address: _____

3. Name of cosponsor (if applicable):_____

4. Date(s) course will be offered: Locations:

   _____ _____

   _____ _____

5. Fee to be charged: $_____ Fee covers:_____

6. What best identities the educational experience: (*please circle)*
   (a) Lecture (b) Convention (c) Forum (d) Workshop (e) Home Study
   (e) Video Presentation (f) Online (g) Other Course format: _____

7. Exact hours course is scheduled for:_____

   _____

8. Number of continuing education hours requested:_____

   Name(s) of instructors: (*attach CV's or resumes)* **NOTE: Indicate Y/N if speaker on Post Graduate Faculty. If YES, DOCUMENT with separate attachment.**

   _____ _____

   _____ _____

   _____ _____

10. Is Instructor/s performing practical treatment as defined by LA Statues or Regulations? ☐YES ☐NO

11. If "YES", please complete the form included for application of a "Travel to Treat Temporary Practice Privilege" and attach the necessary documents and fee of $150.00 payable to the LA Board of Chiropractic Examiners".

12. Provide name of attendance officer, and contact info for the person who maintains attendance records for verification, and method of certifying /assuring attendance. _____

_____

13. List text(s) and equipment used as aids: _____

_____

14. Is course approved/sponsored by any school having status with the CCE? □ YES □ NO
If YES, name school: _____

15. Is an examination or evaluation process part of the program? *Describe*. _____

16. Are any promotional publications or advertisements being used? □ YES □ NO
If YES, please attach.

17. Does this course include practice building, either as a part of the program itself, or as an optional offering?
□ YES □ NO *If YES, please explain:* _____

_____

18. Does this course either promote a product or apparatus or offer a product or apparatus as an optional item for inspection by those attending. □ YES □ NO
If YES, please explain: _____

19. Will those attending be given a product as a gift or at a reduced price? □ YES □ NO
If YES, please explain: _____

20.

	TOPICS AND HOURS REQUESTED FOR APPROVAL:	**No. of Hrs**	**Time in Program**
(A)	Principles of Practice		To
(B)	Examination Procedures / Diagnosis		To
(C)	Physical therapy / Physiological therapeutics		To
(D)	Nutrition		To
(E)	Adjustive Technique		To
(F)	Radiographic technique / safety		To
(G)	Diagnostic imaging interpretation		To
(H)	Insurance reporting / Procedures		To
(I)	Practice management		To
(J)	Philosophy of Chiropractic		To
(K)	Risk management		To
(L)	Basic sciences		To
(M)	Research trends		To
(N)	Medical / legal		To
(O)	HIV prevention / education		To
(P)	Boundaries issues		To
(Q)	Scope of practice		To
(R)	Ethics:		To
(S)	**Other (spec):**		**To**
Total Number of Hours Requested for Approval			

21. 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:_____