



Louisiana Board of Chiropractic Examiners
8621 Summa Avenue, Baton Rouge, LA 70809
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Board Use Only

Approval: _____
Approved Hrs: _____
Approved Date: _____
Approved By: _____
Denied Hrs: _____
Denied Date: _____

Continuing Education Program Application

This application must be complete in its entirety. The following items must be attached:

- Seminar fee
- A course syllabus or outline
- A letter verifying the speaker’s affiliation with an appropriate educational institution.
- Vitae of all instructors
- All advertisement brochures and/or promotional materials
- The approval process will begin once the Board office has received the completed application and all required supporting documents.

Section 1: Program Information

1. Name of Course / Seminar:	
2. Name of Co-Sponsor:	
3. Date(s) that courses will be offered:	
4. Locations:	
5. Cost of Seminar/Course:	
6. Fee Covers:	
7. CE Hours Requested:	
8. Scheduled Hours:	

Section 2: Contact Information

1. Contact Name	
2. Phone #	
3. Email Address	

Section 3: Course Format – please check box that applies to your program

- ☐ Lecture
- ☐ Forum
- ☐ Home Study
- ☐ Online Program
- ☐ Convention
- ☐ Workshop
- ☐ Video Presentation
- ☐ Other: _____

Section 4: Instructor Information

List all instructors for the course	Post-Graduate Faculty (Y/N)

Please attach CVs or resumes for all instructors. If a presenter serves on a post-graduate faculty, documentation must be attached.

Section 5: Compliance Questions

Will instructors perform practical treatment as defined by Louisiana statutes or regulations? ☐ Yes ☐ No
(If “yes” PLEASE COMPLETE THE FORM included for the 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”)

Is the program approved or sponsored by a CCE-recognized school? ☐ Yes ☐ No

Please provide name of attendance officer, and contact info for the person who will maintain all attendance records for verification, and method of certifying / assuring attendance. _____

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

Is course approved/sponsored by any school having status with the CCE? ☐ Yes ☐ No (if “yes” list school) _____

Does the program include an examination or evaluation process? ☐ Yes ☐ No (if “yes” describe – attach)

Are any promotional materials or advertisements being used? ☐ Yes ☐ No (if “yes” attach)

Does this course include practice building, either as part of the program itself, or as an optional offering? ☐ Yes ☐ No

Will those attending be given a product as a gift or at a reduced price? ☐ Yes ☐ No (if yes, please explain)

Topics and Hours Requested

	Topic Area	# of Hours Requested	Time In	Time Out
1.	Principles of Practice			
2.	Examination Procedures/Diagnosis			
3.	Physical Therapy/Physiological Therapeutics			
4.	Nutrition			
5.	Adjustive Technique			
6.	Radiographic Technique/Safety			
7.	Diagnostic Imaging Interpretation			
8.	Insurance Reporting/Procedures			
9.	Practice Management			
10.	Philosophy of Chiropractic			
11.	Risk Management			
12.	Basic Sciences			
13.	Research Trends			
14.	Medical/Legal			
15.	HIV Prevention/Education			
16.	Boundaries Issues			
17.	Scope of Practice			
18.	Ethics			
19.	Other			
	Total Number of Hours Requested :			

Certification

I certify that the information provided in this application is true and complete and that all required supporting documentation has been included.

Print Name: _____ Signature:_____

Title: _____ Date: _____

Note: Prior approval of a continuing education course by a chiropractic regulatory board does not ensure future approval. Approval of a continuing education course by one board does not imply or assure approval by other boards.