



Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Kathleen (Katie) Steele Danner, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

STATE BOARD OF CHIROPRACTIC EXAMINERS
3605 Missouri Boulevard
P.O. Box 672
Jefferson City, Missouri 65102-0672
Telephone: 573/751-2104
Fax: 573/751-0735
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri
chiropractic@pr.mo.gov

MEMORANDUM

TO: Continuing Education Providers

FROM: Missouri State Board of Chiropractic Examiners

SUBJECT: Continuing Education Application Forms

POSTED: December 2013

There are three forms a continuing education provider must submit for approval of continuing education hours by the Missouri State Board of Chiropractic Examiners. One form focuses on the CE provider and corresponding contact information, the second form focuses on the seminar, instructor and category, and the third form focuses on the outline or breakdown of category and hours. These forms have been updated in response to recommendations and requests from continuing education providers.

The application fee will be calculated by the state board staff, once review of the application has been completed by the state board. An invoice will be emailed to the primary contact person listed on the Application for Continuing Education Approval form. The Application for Continuing Education Approval form and fee is to be returned to the state board office via regular mail, as there is not a system in place to process electronic payment.

If additional information is required to complete the review of the application, the Board will send an email to the primary person listed on the Application for Continuing Education Approval form. Correspondence will be mailed to the provider regarding the outcome of the state board's final review of the application.

After several months of use the forms will be evaluated by the board to determine if any revisions are required. By June 2014, the goal is for all CE applications and accompanying documentation to be submitted electronically.

Thank you for reviewing this information. If you have questions or experience difficulty downloading the forms, please call or email the board office. The contact information is chiropractic@pr.mo.gov (email), 573/751-2104 (telephone), and fax 573/751-0735.



APPLICATION FOR CONTINUING EDUCATION APPROVAL

20 CSR 2070-2.081 defines the post graduate continuing education requirements for sponsoring organizations/providers. The application packet consists of this application form, Continuing Education Session Content Review form **and** the Seminar Outline form. This form provides contact information regarding the continuing education provider while the Continuing Education Session Content Review form is a breakdown of the continuing education being provided by category and instructor and the Seminar Outline form lists the sessions for the entire seminar. Please refer to the application instructions accompanying this packet for details on completing each form.

Continuing Education application forms and documentation must be received in the board office at least **thirty (30) days** in advance of the seminar. Applications can be emailed, sent via regular or overnight mail, or hand delivered to the state board office. Providers are reminded that upon receipt of the application packet, the provider **will be sent an invoice** indicating the amount owed. **PLEASE DO NOT SEND PAYMENT WITH THE ORIGINAL APPLICATION PACKET.**

Incomplete applications will be returned to the provider for correction/completion and will result in delaying the approval of the continuing education seminar.

Along with the completed forms, the provider shall include the instructor's resume/vitae documenting education, training, experience, and specialty certifications.

Missing information will result in the entire application being returned to the provider. The provider must pay the seminar/session fee each time an application is sent to the board. All fees must be paid before the state board will review a correct and complete application.

SECTION I - APPLICATION STATUS

- New Application \$500 Fee Paid (Month/Year)_____
- Amended Application (Approval Number If Applicable) _____
- Application Previously Approved in Missouri (Approval Number(s) If Applicable) _____

SECTION II - SPONSOR AND WEB INFORMATION

1. PROVIDER ORGANIZATION NAME		2. SEMINAR NAME	
3. PROVIDER ORGANIZATION ADDRESS		4. CITY	5. STATE
7. PRIMARY CONTACT PERSON		8. PRIMARY CONTACT PERSON TELEPHONE NUMBER (include area code)	
9. PRIMARY CONTACT PERSON FAX NUMBER		10. PRIMARY CONTACT PERSON EMAIL	
11. PROVIDER ORGANIZATION SECONDARY CONTACT PERSON (if applicable)		12. SECONDARY CONTACT PERSON TELEPHONE NUMBER	13. SECONDARY CONTACT PERSON EMAIL

SECTION III - DO NOT WRITE BELOW THIS LINE – FOR BOARD USE ONLY

Total Number of seminars/sessions _____ x \$5 per seminar/session = _____ Amount Owed

Incomplete application

DATE INVOICE SENT TO PROVIDER _____

APPLICATION FOR CONTINUING EDUCATION APPROVAL INSTRUCTIONS

SECTION I - APPLICATION STATUS

Mark the box indicating if the application is a new application, an amendment to an approved application or if the seminar has previously been approved by the state board. Examples:

- New Seminar – Seminar not previously approved by the state board.
- Amended Application – Board approved or pending board approval of a seminar during the current cycle where the instructor has changed. If approved, please provide the approval number.
- Application Previously Approved – Seminar approved during the current or prior seminar where the instructor, category and content remains the same.

If the \$500 continuing education fee has been paid for the current continuing education cycle, please indicate the month and year submitted.

SECTION II – Provider & Web Information

Field 1 - Enter the name of the organization, individual, or entity that is sponsoring the continuing education. Examples of provider organizations include: chiropractic colleges, professional associations, or individual chiropractors.

Field 2 - Enter the name of the seminar to be presented by the provider organization. This is the name that is listed on promotional materials, agendas, websites, and handouts.

Fields 3-6 - Relate to the provider organization's contact information. This address needs to correspond with the primary contact person. The primary contact person will receive approval letters, and notices of incomplete CE application at this address. *If a general mailing address is listed for the provider and the contact person does not receive the information needed to complete the application process, the approval process will be delayed.*

Field 7 – Enter the primary contact person the state board or a licensee can contact in the event there are questions concerning this seminar.

Field 8 - Enter a telephone number for the primary contact person.

Field 9 - Enter the fax number for the primary contact person.

Field 10 – Enter the email for the primary contact person. Communication from the state board office will be addressed to the attention of the primary contact person whether it is by telephone, email or fax. Invoices will be sent to the primary contact person.

Fields 1-10 – This section MUST be completed as the detail will be listed on the state board's website.

Field 11 -13 – Optional data entry fields. The CE provider may designate a secondary contact person, telephone number and email for that secondary contact. *Providing a secondary contact is the CE provider's option and not mandatory. Information regarding the secondary contact will not be included on the state board's website.*

DO NOT WRITE BELOW SECTION II – THIS SECTION IS FOR BOARD USE ONLY.

Do not send any payment with the initial application. The state board staff will calculate the fee and return an invoice to the attention of the contact person. All communication regarding the application process will be by email or fax whenever possible. Payment must be received in the board office, prior to the state board issuing a continuing education approval number. An incomplete or illegible application will be returned to the CE provider with an invoice. If the provider opts to send a \$500 CE application fee for the current biennial cycle, please contact the board office to insure the payment is properly credited.



Missouri Department of Economic Development
Missouri Division of Professional Registration

Missouri State Board of Chiropractic Examiners
3605 Missouri Boulevard
BOX 672
JEFFERSON CITY, MO 65102-0672
TELEPHONE: (573) 751-2104
FAX: (573) 751-0735
Email: chiropractic@pr.mo.gov

APPLICATION FOR CE SESSION CONTENT REVIEW

INSTRUCTIONS:

1. This form must be accompanied by an Application for Continuing Education Approval
2. A copy of a recent resume or vitae is required for each instructor along with a syllabus/outline
3. Materials can be sent via regular mail, express delivery, hand carried or via email. See mailing information below:

MISSOURI STATE BOARD OF CHIROPRACTIC EXAMINERS
3605 MISSOURI BOULEVARD
P.O. BOX 672
JEFFERSON CITY, MO 65102-0672
Email: chiropractic@pr.mo.gov

1. Provider Organization Name	2. Session Title	
3. Instructor Name (First Name, Last Name)	4. Delivery Method <input type="checkbox"/> Classroom <input type="checkbox"/> Online	5. Location (City and State)
6. Category (refer to instructions for list of categories)		7. Number of CE Hours

SECTION I – SESSION OVERVIEW Briefly summarize the purpose of the session & related information to be presented.

SECTION II – SESSION OBJECTIVES Describe concepts, techniques, and methodologies to be presented and intended results. Objectives answer the question, “What is the licensee going to learn from this session?”

SECTION III – SESSION REFERENCES List source(s) utilized in assembling session information to include journals, textbooks, publications etc.

APPLICATION FOR CE SESSION CONTENT REVIEW INSTRUCTIONS

ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK. ALL APPLICATIONS MUST BE SUBMITTED AT LEAST THIRTY (30) DAYS PRIOR TO THE DATE OF THE SEMINAR. APPLICATIONS THAT ARE ILLEGIBLE OR INCOMPLETE WILL BE RETURNED AND INVOICED FOR EACH SESSION.

FORMAL CONTINUING EDUCATION CATEGORIES

These categories must be used in response to item 6 on the CE Seminar Content Review Form

1. Diagnostic imaging (X ray)
2. Differential diagnosis, physical diagnosis, or differential/physical diagnosis
3. Ethical practices
4. Emergency procedures.
5. Human immunodeficiency (HIV), infectious diseases, and/or universal precautions
6. Cerebrovascular accident (CVA) and/or transient ischemic attack (TIA)
7. Disc injury
8. Aggravated spinal conditions and/or injury
9. Recordkeeping and/or Subjective Objective Assessment Plan (SOAP) notes
10. Soft tissue injury
11. Nutrition
12. Chiropractic principles and/or technique(s)
13. Health promotion and wellness
14. Case studies
15. Insurance consulting
16. Meridian Therapy/acupressure/acupuncture.

REMINDER: ENTERING "GENERAL" AS A CATEGORY IS NOT APPLICABLE TO ANY OF THE 16 FORMAL CATEGORIES LISTED ABOVE. THE PROVIDER MUST DESIGNATE THE CATEGORY.

AN INVOICE, CALCULATING FEES FOR THE SEMINAR, WILL BE SENT TO THE PROVIDER BY THE BOARD OFFICE. THE PROVIDER HAS THE OPTION OF PAYING A ONE TIME \$500 FEE THAT ALLOWS THE PROVIDER TO SUBMIT CONTINUING EDUCATION APPLICATIONS THROUGHOUT THE ENTIRE BIENNIAL LICENSURE PERIOD.

APPLICATION FOR CE SEMINAR/SESSION CONTENT REVIEW

This form must be completed for each category presented at the seminar and match the outline/breakdown. When assembling the materials, include the instructor name and outline for the session/category with each continuing education session content review form.

Field 1- The Provider Organization Name must be the same as the name listed on the Application for Continuing Education Approval.

Field 2- The session title is the name of the session being presented.

Field 3 - Enter the first and last name of the seminar instructor. If multiple speakers are presenting the same category, you may enter “multiple speakers see attached” and provide a list of all instructors teaching the specific category. If multiple speakers are presenting at the same time, the same session, the breakout, if applicable, must be completed in a minimum of 15 minute increments.

Field 4 - Enter how the continuing education will be delivered to licensees. A classroom setting example would be a face to face seminar or workshop that might be held in a chiropractic college classroom, hotel conference room or meeting room. On-line continuing education courses are offered via the internet.

Field 5 – Location of the Seminar. The location should be the city and state, not the hotel or conference center name. If the delivery method is online, please leave this field blank.

Field 6 – Enter the category of formal continuing education (see list above). If the category is left blank, the application will be considered incomplete and returned to the CE provider with an invoice. The state board does not determine what category the seminar addresses.

Field 7- Enter the number of hours for the particular session.

SECTION I – Seminar Overview - Briefly summarize the purpose of the seminar and what type of information is to be presented. An example: *“The seminar attendants will learn how to objectively identify patient populations that would benefit from rehabilitation through using a new patient evaluation form.”* The form automatically adjusts, if additional space is required.

SECTION II – Session Objectives - Describe the concepts, techniques and methodologies to be presented and intended results. An example: *“The session begins with current concepts of rehabilitation, initial evaluation, goal setting, instability vs hypermobility, stabilization mechanisms and rehabilitation protocols and procedures.”* The form automatically adjusts, if additional space is required.

SECTION III – Session References – List source(s) utilized in assembling session information to include journals, textbooks, publications, etc.

An Example: Principles of Neural Science, 54th ed., McGraw-Hill, New York
Functional Neurology for Practitioners of Manual Therapy by Randy Beck, DC, PhD.
Churchill Livingston, 2008

The form automatically adjusts, if additional space is required.

SEMINAR OUTLINE INSTRUCTIONS

This form will include the breakout sessions for the entire seminar. This form is required for entering the instructor, session title, category, hours, begin/end times and date as completed for each Application for CE Session Content Review form. List topics sequentially according to date and begin/end times. The total number of hours for the entire seminar should be totaled at the bottom of this section.

As a reminder, 50 minutes constitutes an hour of continuing education. Sessions are broken down in no less than of 15 minute increments. The timeframes on this form must coincide with the outline.

REMINDERS

When submitting the applications for Board approval, please emailed, send via regular or overnight mail, or hand delivered to the state board office one copy of the completed forms, syllabus, and instructor/speaker vitae(s) to the state board office. Incomplete applications will be returned to the attention of the primary contact person with an invoice.

All fees must be paid prior to the issuance of a CE approval number. If the provider chooses to pay the \$500 continuing education fee they may do so. When submitting applications throughout the renewal period, please indicate when the fee was submitted.

Instructors teaching diagnostic imaging must have the credential of a Diplomate American Board of Chiropractic Radiology (DACBR) or medical radiologist. If the instructor is not a DACBR or medical radiologist, the instructor and requested credits will not be approved.

Notification regarding the result of the review of the continuing education will be sent to the provider, along with a continuing education course number assigned by the board. Providers need to include the board assigned number on any certificate or verification of attendance provided to the licensee. The following disclaimer must be printed on the front of any program announcements or handout notifications of these seminars:

“Approval of this course is not acknowledgment or ruling by the Board that the methods taught in this course are recognized and approved by the Board as the appropriate practice of chiropractic as defined in Section 331.010, RSMo.”

If there are no handouts for the approved seminar, this disclaimer must be placed on a separate sheet of paper to be distributed to the seminar attendees.

If you have any questions completing the application for continuing education course approval, please contact the board office at 573/751-2104.