



APPLICATION FOR CONTINUING EDUCATION APPROVAL

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.

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

Missing information or an incomplete application may result in the entire application being returned to the provider.

SECTION I - APPLICATION TYPE

- New Application \$500 Fee Paid (Month/Year)_____
- Amended Application (Approval Number If Applicable) _____
- Application Previously Approved in Missouri (Approval Number(s) if Applicable) _____
- See instructions for requirements concerning previously approved application.**

SECTION II - SPONSOR/PROVIDER INFORMATION

1. PROVIDER ORGANIZATION NAME		
2. SEMINAR NAME		
3. PROVIDER ORGANIZATION ADDRESS		
4. CITY	5. STATE	6. ZIP
7. PRIMARY CONTACT PERSON 7B. Is this a new primary contact person? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. PRIMARY CONTACT PERSON TELEPHONE NUMBER (INCLUDE AREA CODE)
9. PRIMARY CONTACT PERSON FAX NUMBER		10. PRIMARY CONTACT PERSON EMAIL
11. SECONDARY CONTACT PERSON (If applicable) 11B. Is this a new secondary contact person? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. SECONDARY CONTACT PERSON TELEPHONE NUMBER (INCLUDE AREA CODE)
13. SECONDARY CONTACT PERSON FAX NUMBER		14. SECONDARY CONTACT PERSON EMAIL

APPLICATION FOR CONTINUING EDUCATION APPROVAL INSTRUCTIONS

SECTION I - APPLICATION TYPE

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. Please provide the previous approval number, or copy of the previous approved letter.

SECTION II – SPONSOR/PROVIDER & WEB INFORMATION

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

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/sponsor. This is the name that is listed on promotional materials, agendas, website, and handouts.

Fields 3-6 - Relate to the provider sponsor/provider 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. *NOTE: Item 7B if the primary contact person changes, please check “yes indicating this is new information. Board staff will update the sponsor/provider information accordingly.*

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.

Field 11-14 – Optional data entry fields. The CE provider may designate a secondary contact person, telephone number and email for that secondary contact. *NOTE: Item 11B if the secondary contact person changes, please check “yes” indicating this is new information. Board staff will update the sponsor/provider information accordingly. 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.*