



APPLICATION FOR CE SESSION CONTENT REVIEW

<p>INSTRUCTIONS</p> <ol style="list-style-type: none"> 1. This form must be accompanied by an Application for Continuing Education Approval. 2. A copy of a resume or vitae is required. Please review resume guidelines below for instructors. 3. Please submit application, syllabus/outline and supporting documents via email. 4. Document can be sent via regular mail, express delivery, or hand delivered, however email is preferred. 5. 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.

GENERAL INFORMATION

1. Provider Organization Name	
2. Session Title	
3. Delivery Method <input type="checkbox"/> Classroom <input type="checkbox"/> Online (See seminar outline for detailed listing of dates and times)	4. Location (City & State)
5. Instructor/Presenter Name	
6. Category (refer to instructions)	7. Number of CE Hours

8. Please Send in a Copy of the Resume or Vitae of the above presenter(s). Please review the guidelines below regarding the format to be submitted for the instructor(s).

<ol style="list-style-type: none"> 1. Speaker name 2. Address 3. Education: <ol style="list-style-type: none"> A. Pertinent Degree (s) B. Name(s) of the above educational college(s)/university(s). C. Date of above graduation(s) D. List of certificates (s) if applicable E. Diplomat status if applicable F. Studies or experiences that the speaker feels is relevant to qualify for their presentation 4. Prefer that all of the above information be on one page (first and only page) 5. Any other information should the speaker feel is relevant to the Board can be placed on the second and following pages
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THIS FORM IS FORMATTED AS A WORD DOCUMENT. IF ENTERING INFORMATION FROM A LAPTOP, IPAD ETC. PLACE CURSOR IN SHADED BOX AND BEGIN TYPING. TEXT WILL AUTOMATICALLY WRAP AND EXPAND CELL AS NEEDED. THIS FORM MUST BE COMPLETED FOR EACH CATEGORY PRESENTED AT THE SEMINAR AND MATCH THE CONTENT OUTLINE/BREAKDOWN. WHEN ASSEMBLING THE MATERIALS, INCLUDE THE INSTRUCTOR/PRESENTER NAME AND OUTLINE FOR THE SESSION/CATEGORY WITH EACH CONTINUING EDUCATION SESSION CONTENT REVIEW FORM.

IF NOT ENTERING INFORMATION FROM A LAPTOP ETC. IT MUST BE LEGIBLY PRINTED IN BLACK INK.

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 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 4 – 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 5 - Enter the first and last name of the seminar instructor/presenter. 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 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 category.

FORMAL CONTINUING EDUCATION CATEGORIES

**These categories must be used in response to item 6 on the CE Seminar Content Review Form
Do not enter a number in item 6 of the Content Review Form.**

- Diagnostic imaging (XRAY)
- Differential diagnosis, physical diagnosis, or differential/physical diagnosis (DIFDI)
- Recordkeeping and/or Subjective Objective Assessment Plan (SOAP) notes (RK) or (SOAP)
- Principles, technique and/or adjunctive procedures (PTAP)
- Meridian Therapy/Acupressure/Acupuncture (MTAA)

Field 7- Enter the number of hours for the particular session. The state board does not determine hours.

Field 8 – Instructions for submission of instructor/speaker resume/vitae.

REMINDER: ENTERING “GENERAL” AS A CATEGORY IS NOT APPLICABLE TO ANY OF THE FORMAL CATEGORIES LISTED ABOVE.