

Agenda Item 5 Handout

0152 - Board of Chiropractic Examiners
Analysis of Fund Condition
(Dollars in Thousands)

Prepared 1.10.2026

	2026-27 Governor's Budget with FM 5 Projections (Status Quo)						
	Actuals 2024-25	CY 2025-26	BY 2026-27	BY +1 2027-28	BY +2 2028-29	BY +3 2029-30	
BEGINNING BALANCE	\$ 3,282	\$ 3,652	\$ 3,429	\$ 2,801	\$ 1,983	\$ 991	
Prior Year Adjustment	\$ 272	\$ -	\$ -	\$ -	\$ -	\$ -	
Adjusted Beginning Balance	\$ 3,554	\$ 3,652	\$ 3,429	\$ 2,801	\$ 1,983	\$ 991	
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS							
Revenues							
4121200 - Delinquent fees	\$ 34	\$ 29	\$ 34	\$ 34	\$ 34	\$ 34	\$ 34
4127400 - Renewal fees	\$ 4,319	\$ 4,368	\$ 4,157	\$ 4,157	\$ 4,157	\$ 4,157	\$ 4,157
4129200 - Other regulatory fees	\$ 99	\$ 102	\$ 108	\$ 108	\$ 108	\$ 108	\$ 108
4129400 - Other regulatory licenses and permits	\$ 777	\$ 690	\$ 689	\$ 689	\$ 689	\$ 689	\$ 689
4163000 - Income from surplus money investments	\$ 196	\$ 141	\$ 65	\$ 29	\$ 15	\$ -	\$ -
4171400 - Escheat of unclaimed checks and warrants	\$ 3	\$ 3	\$ -	\$ -	\$ -	\$ -	\$ -
4172500 - Miscellaneous revenues	\$ 1	\$ -	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1
Totals, Revenues	\$ 5,429	\$ 5,333	\$ 5,054	\$ 5,018	\$ 5,004	\$ 4,989	
Transfers and loans to/from other funds							
Loan Repayment to Vehicle Inspection and Repair Fund 0421 per Item 1111-011-0421, Budget Act of 2014	\$ -500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Transfers and Other Adjustments	\$ -500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 4,929	\$ 5,333	\$ 5,054	\$ 5,018	\$ 5,004	\$ 4,989	
TOTAL RESOURCES							
Expenditures:							
1111 Department of Consumer Affairs (State Operations)	\$ 8,483	\$ 8,985	\$ 8,483	\$ 7,819	\$ 6,987	\$ 5,980	
9892 Supplemental Pension Payments (State Operations)	\$ 4,575	\$ 5,143	\$ 5,146	\$ 5,300	\$ 5,459	\$ 5,623	
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 22	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 234	\$ 413	\$ 536	\$ 536	\$ 536	\$ 536	\$ 536
FUND BALANCE	\$ 4,831	\$ 5,556	\$ 5,682	\$ 5,836	\$ 5,995	\$ 6,159	
Reserve for economic uncertainties	\$ 3,652	\$ 3,429	\$ 2,801	\$ 1,983	\$ 991	\$ -179	
Months in Reserve	7.9	7.2	5.8	4.0	1.9	-0.3	

NOTES:

1. Assumes workload and revenue projections are realized in BY+1 and ongoing.
2. Balance from the 2014-15 loan is currently \$948.
3. Expenditure growth projected at 3% beginning BY+1.

0152 - Board of Chiropractic Examiners
 Analysis of Fund Condition
 (Dollars in Thousands)

Prepared 1.10.2024

2026-27 Governor's Budget with FM 5 Projections (With Repayment)		Actuals 2024-25	CY 2025-26	BY 2026-27	BY +1 2027-28	BY +2 2028-29	BY +3 2029-30
BEGINNING BALANCE		\$ 3,282	\$ 3,652	\$ 3,179	\$ 2,301	\$ 1,226	\$ 24
Prior Year Adjustment		\$ 272	\$ -	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance		\$ 3,554	\$ 3,652	\$ 3,179	\$ 2,301	\$ 1,226	\$ 24
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS							
Revenues							
4121200 - Delinquent fees	\$ 34	\$ 29	\$ 34	\$ 34	\$ 34	\$ 34	\$ 34
4127400 - Renewal fees	\$ 4,319	\$ 4,368	\$ 4,157	\$ 4,157	\$ 4,157	\$ 4,157	\$ 4,157
4129200 - Other regulatory fees	\$ 99	\$ 102	\$ 108	\$ 108	\$ 108	\$ 108	\$ 108
4129400 - Other regulatory licenses and permits	\$ 777	\$ 690	\$ 689	\$ 689	\$ 689	\$ 689	\$ 689
4163000 - Income from surplus money investments	\$ 196	\$ 141	\$ 65	\$ 22	\$ 3	\$ -	\$ -
4171400 - Escheat of unclaimed checks and warrants	\$ 3	\$ 3	\$ -	\$ -	\$ -	\$ -	\$ -
4172500 - Miscellaneous revenues	\$ 1	\$ -	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1
Totals, Revenues	\$ 5,429	\$ 5,333	\$ 5,054	\$ 5,011	\$ 4,992	\$ 4,989	\$ 4,989
Transfers and loans to/from other funds							
Loan Repayment to Vehicle Inspection and Repair Fund 0421 per Item 1111-011-0421, Budget Act of 2014	\$ -500	\$ -250	\$ -250	\$ -250	\$ -198	\$ -	\$ -
Totals, Transfers and Other Adjustments	\$ -500	\$ -250	\$ -250	\$ -250	\$ -198	\$ -	\$ -
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS		\$ 4,929	\$ 5,083	\$ 4,804	\$ 4,761	\$ 4,794	\$ 4,989
TOTAL RESOURCES							
Expenditures:							
1111 Department of Consumer Affairs (State Operations)	\$ 8,483	\$ 8,735	\$ 7,983	\$ 7,062	\$ 6,020	\$ 5,013	\$ 5,013
9892 Supplemental Pension Payments (State Operations)	\$ 4,575	\$ 5,143	\$ 5,146	\$ 5,300	\$ 5,459	\$ 5,623	\$ 5,623
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 22	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS		\$ 234	\$ 413	\$ 536	\$ 536	\$ 536	\$ 536
FUND BALANCE		\$ 4,831	\$ 5,556	\$ 5,682	\$ 5,836	\$ 5,995	\$ 6,159
Reserve for economic uncertainties	\$ 3,652	\$ 3,179	\$ 2,301	\$ 1,226	\$ 24	\$ -1,146	\$ -
Months in Reserve		7.9	6.7	4.7	2.5	0.0	-2.2

NOTES:

- Assumes workload and revenue projections are realized in BY+1 and ongoing.
- Balance from the 2014-15 loan is currently \$948 - Includes 4-Yr repayment plan.
- Expenditure growth projected at 3% beginning BY+1.

How Our Ethics Assessment Gives Boards a Strong, Objective Foundation for Decision-Making

The Ethics and Boundaries Assessment (EBAS) is designed to measure how well professionals understand and respond to ethical challenges.

It covers five key areas: Boundaries, Fraud, Professional Standards, Substance Abuse, and Unprofessional Conduct. In this study, over 100 participants completed the full assessment, and each response was scored by multiple trained graders. Overall, the scores were solid as most responses were relevant and thoughtful, showing that the tool can capture a range of ethical thinking and judgment.

100
Participants

562
Total Evaluations

KEY FINDINGS

- Excellent Validity and Reliability
- Strong Structure
- Appropriate Dimensionality

Generating Detailed Insights

EBAS uses several research methods to confirm the strength of its design. Together, they show the assessment delivers both detailed category-level insights and a reliable overall picture of ethical awareness.

CONFIRMATORY FACTOR ANALYSIS

A confirmatory factor analysis tested whether the five domains stand independently while still forming one larger picture of ethical awareness. Results confirmed both: the test provides clarity within each domain and also captures an overall measure of ethical mindset.

RELIABILITY ACROSS DOMAINS

Each domain showed high internal consistency, meaning items within a domain measure the same skill without redundancy. The domains are related yet distinct, striking the right balance of overlap and separation so EBAS captures different dimensions of ethics without repetition.

ITEM RESPONSE THEORY

A modern scoring method, item response theory, showed the assessment distinguishes performance across a wide range, from early understanding to advanced reasoning.

Thoughtfully Structured

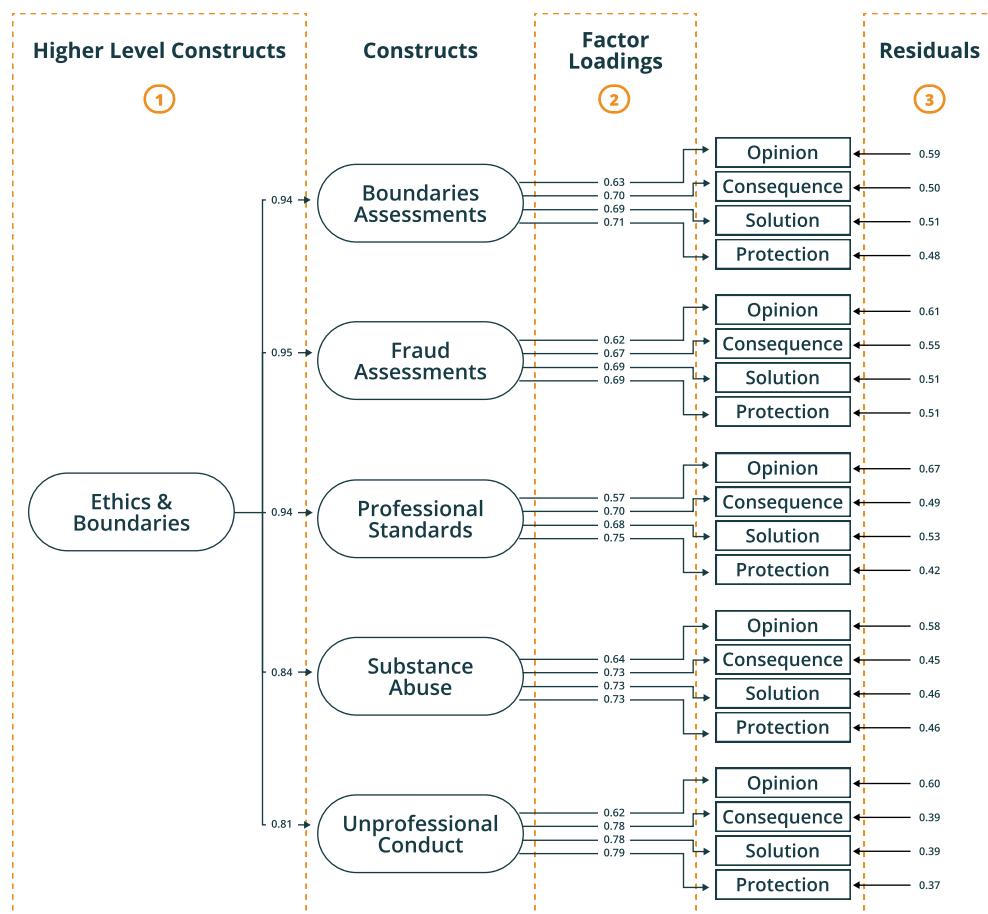
The EBAS structure is multi-dimensional and unified. Scores can highlight where someone excels or struggles, while an overall score captures their broader ethical approach. This flexibility serves many contexts, from screening to post-violation evaluation.

RECOMMENDED NUMBER OF ASSESSMENTS

Research shows EBAS yields the clearest insights when examinees complete at least three assessments during monitoring or remediation. Boards that assign four or more often see stronger results because patterns become clearer and single outliers matter less. Multiple data points create a more consistent picture of ethical reasoning and a more reliable baseline for decisions.

The Evidence-Backed Power of EBAS: A Visual Breakdown

FACTOR ANALYSIS: PROVING EBAS'S FIVE DISTINCT DOMAINS



WHAT THIS MEANS

The factor analysis confirms EBAS measures five distinct ethical domains with strong reliability. Each domain stands on its own while also connecting to a broader picture of ethical awareness. Minimal residuals indicate the assessment avoids bias and redundancy, producing dependable, balanced results.

MULTITRAIT-MULTIMETHOD MATRIX (MTMMM): CONFIRMING CONSISTENCY, VALIDITY, RELIABILITY, AND FAIRNESS

		Boundaries Assessments				Fraud Assessments				Professional Standards				Substance Abuse				Unprofessional Conduct			
		O	C	S	P	O	C	S	P	O	C	S	P	O	C	S	P	O	C	S	P
BA	Opinion	(0.79)																			
	Consequence	0.47	(0.78)																		
	Solution	0.37	0.50	(0.8)																	
	Protection	0.42	0.46	0.56	(0.81)																
FA	Opinion	0.45	0.33	0.37	0.44	(0.84)															
	Consequence	0.40	0.51	0.40	0.39	0.36 (0.81)															
	Solution	0.44	0.39	0.47	0.43	0.48 0.48 (0.84)															
	Protection	0.44	0.43	0.45	0.56	0.43 0.45 0.49 (0.87)															
PS	Opinion	0.42	0.34	0.30	0.39	0.44	0.34	0.41	0.35	(0.81)											
	Consequence	0.39	0.52	0.43	0.41	0.32	0.55	0.41	0.45	0.94 (0.81)											
	Solution	0.39	0.46	0.44	0.42	0.42	0.41	0.44	0.42	0.94 0.94 (0.82)											
	Protection	0.41	0.45	0.42	0.54	0.46	0.49	0.51	0.54	0.94 0.94 0.94 (0.86)											
SA	Opinion	0.36	0.31	0.32	0.26	0.35	0.28	0.28	0.30	0.34	0.31	0.31	0.31	(0.82)							
	Consequence	0.33	0.42	0.36	0.34	0.32	0.40	0.32	0.33	0.33	0.42	0.35	0.42	0.54 (0.83)							
	Solution	0.29	0.34	0.46	0.32	0.33	0.34	0.37	0.31	0.31	0.32	0.37	0.35	0.55 0.62 (0.82)							
	Protection	0.32	0.39	0.40	0.42	0.32	0.36	0.35	0.37	0.31	0.36	0.35	0.51	0.54 0.58 0.58 (0.82)							
UC	Opinion	0.32	0.24	0.27	0.19	0.27	0.24	0.22	0.24	0.26	0.21	0.23	0.23	0.48 0.40 0.47 0.41 (0.81)							
	Consequence	0.38	0.40	0.42	0.35	0.32	0.45	0.35	0.34	0.31	0.45	0.36	0.42	0.48 0.57 0.55 0.50 0.59 (0.84)							
	Solution	0.32	0.35	0.45	0.33	0.28	0.31	0.30	0.31	0.28	0.34	0.38	0.35	0.47 0.50 0.63 0.50 0.62 0.68 (0.87)							
	Protection	0.37	0.39	0.42	0.39	0.29	0.33	0.32	0.39	0.31	0.36	0.37	0.45	0.47 0.52 0.57 0.57 0.62 0.66 0.70 (0.86)							

WHAT THIS MEANS

The MTMMM is a psychometric method that checks whether an assessment measures what it claims. For EBAS, the matrix shows:

- **Consistency:** Responses within each domain line up reliably.
- **Validity:** The five domains remain distinct, not blurred together.
- **Reliability:** Patterns hold steady across method variants.
- **Fairness:** Minimal overlap between unrelated categories reduces bias.

Together, these results confirm EBAS produces trustworthy, repeatable outcomes across professions.

The Bottom Line

EBAS is a trustworthy, research-backed tool that delivers a clear view of ethical decision-making across five key areas.

It is reliable, well structured, and grounded in solid data. For professional regulation, HR, and healthcare administration, it offers a defensible way to measure and support decisions about ethical behavior.



Organization Name**UPDATES**

If your organization has made changes to the following in the past three years (or one year for first renewals), please mark below.

- 1. Mission and Goals
- 2. Responsibilities or required qualifications for administrative or support staff
- 3. Publicity including:
 - Marketing mediums (Example: "We've begun advertising via social media ")
 - Types of information included in marketing materials (Example: "We previously included instructor qualifications on mailings. Now we direct people to our website, instead.")
- 4. Record Keeping including what data fields are stored or how long you maintain records.
- 5. CE Certificates (Example: "We've begun specifying Xray and boundary credits to comply with MN requirements.")
- 6. Informed consent forms for live models

Please mark below if you have made changes to the procedures for any of the following:

- 7. Verifying instructor qualifications
- 8. Verifying attendance for live courses (Example: "We've changed from a sign in/out format to scanned barcodes.")
- 9. Verifying attendance for online courses (Example: "We implemented new keyboard timeouts." Or "We've moved to a different LMS company.")
- 10. Resolving grievances
- 11. Ensuring legal compliance for live course: is the subject you're teaching allowed in jurisdiction's scope of practice?
- 12. Ensuring legal compliance for distance courses: do you still direct students to verify the subject is allowed in their jurisdiction?
- 13. Ensuring the quality of instructional materials (handouts, slides, etc.)
- 14. Disclosing conflicts of interest
- 15. Encouraging participant involvement
- 16. Conducting needs assessments or course evaluations

Please attach samples or explanatory information for any boxes you have checked above.

PACE RENEWAL

MAINTAINENCE

Approximately when did your organization last verify that information in your courses is up-to-date? (for example, updating Medicare codes or HIPAA standards)

What new research information have you added to your courses? (please include publication date, if applicable)

What is the date of your last needs assessment?

Did you make any modifications to your courses based on this assessment? If so, please explain.

Have you included any new instructors in the last year? Please list their names and a BRIEF summary of relevant qualifications (advanced education, certifications, teaching experience)

Have you launched any new courses in the past year? Please list the course title, instructor, and PACE course ID or course catalog link.

Course Title	Instructor	PACE Course ID or Catalog link

(please attach additional pages, if necessary)

PACE RENEWAL

ATTESTATION

I, a representative of hereby submit for consideration for PACE Recognition renewal the enclosed reapplication materials.

By signing below, I affirm that the enclosed reapplication is accurate and valid and that I understand that PACE Recognition continues to be dependent upon compliance with the *PACE Policies & Procedures* and *Criteria for Quality Continuing Education*.

Representative Signature

Date

PACE

Compliance Audit Manual

Resource for PACE Review Team Members
and PACE Staff Support



PACE Compliance Audit Manual

Contents

Statement of Commitment

Audit Policies (from governing docs)

Audit formats

- Eval request
- Paper Audit
- Attendance Audit
- Complaint-driven Audits
- Random “full” audit
 - Online
 - Live

Audit Schedule

Audit Tracking

Audit Forms



FEDERATION OF CHIROPRACTIC LICENSING BOARDS
PACE REVIEW TEAM STATEMENT OF COMMITMENT

I have read and understood the *PACE Policies & Procedures and Criteria for Quality Continuing Education (PACE Governing Documents)* and agree and will conduct myself accordingly in my service as a member of the PACE Review Team.

I am aware of my duties and responsibilities as a member of the PACE Review Team. I affirm that I will strive, to the best of my ability:

- to carry out the duties and responsibilities of this position as provided in the PACE Governing Documents and assigned to me from time to time;
- to hold in confidence information which I receive as a Review Team member, releasing only information as authorized by the PACE Governing Documents, the Board of Directors or the policies of the FCLB;
- to abide by and uphold the PACE Criteria;
- to endeavor to fulfill the highest personal and professional standards in carrying out these duties and responsibilities.

I know of no conflict of interest that would jeopardize my ability to fulfill the above commitments.

Print Name _____

Signature _____

Date _____

Please sign and return to FCLB

5401 W. 10th St., Ste 101
Greeley, CO 80634

Fax: (970) 356-3599

Email: pace@fclb.org

16. REGISTERING CE PROGRAMS; COMPLIANCE AUDITS

Although a PACE Recognized Provider may offer a continuing education program that does not meet PACE standards, any continuing education program that displays the PACE logo or uses PACE provider recognition in its promotional materials shall be registered with the FCLB. The deadline for registration shall be 30 days prior to the first day of the program.

The PACE Committee, in its discretion, may direct that one or more of its representatives attend a registered program for the purpose of auditing compliance with PACE requirements. After the program has concluded, any PACE representative in attendance shall disclose his identity to the provider's on-site agent. The provider shall make timely reimbursement to PACE for any registration fee paid by its representative unless the representative elects to use his attendance to satisfy a personal license renewal obligation, in which case no reimbursement shall be due.

Compliance reports filed with PACE by its representatives are confidential and may serve as a basis for further investigation or the initiation of adverse action against a provider believed to be in violation of PACE requirements.

17. OFF-SITE PROGRAM REVIEW

Three-member panels of the PACE Review Team shall randomly review documentary components of registered continuing education programs for the purpose of monitoring compliance with PACE requirements. Such documentary or "paper" reviews may be conducted before or after a program is presented, and post-presentation reviews may include course evaluations from program participants.

If a Review Team panel identifies any compliance issue, the provider shall be given a reasonable opportunity to revise or correct the program. If the provider fails to remedy the problem to the satisfaction of the panel, the panel shall request that the provider remove the PACE logo from the program's promotional materials and may initiate a formal complaint against the provider.

Audit Formats – Evaluation Requests

Review of attendee evaluations

Email Template:

Your course XXXXXXX has been randomly selected for a PACE Audit. Please submit course evaluations (compliant with Criterion 25 – cited below) via email to kwebb@fclb.org no later than X/xx/yyyy (2 weeks). If you have any questions or concerns, please don't hesitate to contact us via email or at (970) 356-3500.

Thank you,
Kelly

Criterion 25: Course Evaluations

The provider shall supply to each participant in its continuing education program a post-instructional evaluation form that, in addition to other questions the provider might ask, requests the participant's assessment of:

- *Physical location and facilities;*
- *Media and materials;*
- *Instructor presentations;*
- *Attainment of stated course objectives.*

The provider shall report compiled results of the participant evaluation to PACE.

The provider shall conduct a periodic review of course components to ensure ongoing compliance with PACE quality criteria.

Procedure for reviewing evaluations

- Red flag ratings – consistently low ratings in a single field or criteria from multiple attendees
- Red flag terms – negative comments from multiple attendees

Follow-up

- Notify provider of concerns
- Request response, proposed correction within 2 weeks
- Submit summary to committee

Audit Formats – Paper Audit

Review of course materials

Email Template:

Your course XXXXXXX has been randomly selected for a PACE Audit. Please submit the course outline, any promotional materials specific to this course. and the instructor CV via email to kwebb@fclb.org no later than X/xx/xxxx (2 weeks). If you have any questions or concerns, please don't hesitate to contact us via email or at (970) 356-3500.

Thank you,

Kelly

Procedure for reviewing evaluations

- Forward materials and audit review form to review team member

Follow-up

- Notify provider of concerns
- Request response, proposed correction within 2 weeks
- Submit summary to reviewer for approval, additional requests

Audit Formats – Attendance Audit

Request feedback from attendees

Email Template:

PACE Wants to Know! Would you recommend your course to other chiropractors? Please click here to quickly rate your recent PACE Course.

Because you've taken a course from a **PACE Recognized** provider, your continuing education credits are tracked for you.

Continuing education providers who seek a higher level of certification and easier CE approval from a growing number of licensing boards post their attendance information with PACE.

Now, you can log on to the PACE website and check, print, or email your CE information directly to your board.

- Just visit memberbenefits.fclb.org, and log in with your email address.
- Then, click "My Profile" to view the information we have on file for you.
- Click the "Account" tab, and choose "Education Credits" from the side menu to view your current CE with PACE.
- Click "Download Transcript" to get a printable transcript for your records or to send to your board.

PACE is a service of the [Federation of Chiropractic Licensing Boards](#), a member organization for state chiropractic licensing boards.

Procedure for reviewing feedback

- Red flag ratings – consistently low ratings from multiple attendees
- Red flag terms – negative comments from multiple attendees

Follow-up

- Notify provider of concerns
- Request response, proposed correction within 2 weeks
- Submit summary to committee

Audit Formats – Complaint-Driven

Based on formal or informal complaints submitted by stakeholders or attendees

Procedure for reviewing evaluations

- Identify specific areas of concern and relevant PACE Criteria
- Determine if an in-person audit is called for (if so, assign to RT or Committee member)
- Compile documentation of above

Follow-up

- Notify provider of concerns
- Request response, proposed correction within 2 weeks
- Submit documentation to Committee for review.
 - If committee approves, schedule follow-up compliance review.
 - If committee is not satisfied, determine appropriate steps in compliance with PACE policies (i.e. probation or revocation recommendation to board).

Email Template:

Recently, the following issues were reported to the FCLB PACE program regarding XXXX.

Issue:

Criterion:

I look forward to your plan for addressing the issues outlined above no later than xx/xx/xxx. You may respond via email to kwebb@fclb.org. If you have any questions or concerns, please don't hesitate to contact us via email or at (970) 356-3500.

Thank you,
Kelly

Templates for in-person audits are listed under the Audit Forms section of this document.

Audit Formats – Random Full Audits (Online)

Randomly selected courses

Per the review schedule, a review team member will be asked to select a course from a predetermined PACE provider, register for that course, complete it, and submit a review (audit form attached).

Audit Request – email template to reviewer

Hi, Dr. xx,

We're pressing ahead with our PACE course audits and Dr. Daschner wondered if you'd be available to audit an online course.

We'd like to take a look at something from xxx. Their courses are here:

<https://pacex.fclb.org/pages/course-catalog.php>. Please filter for this provider under the "All CE Providers" dropdown on the left side of the page.

They have a range of course lengths, so you can hopefully find something that is relatively easy to schedule.

I've attached the audit form. It covers everything from content to attendance verification.

Per the course audit policies, you can either earn credit for this course or we can request a refund from the provider after you've completed the course.

Please let me know if you have any questions.

Thanks!

Kelly

Email Template to provider (no issues):

Recently, a representative of the Federation of Chiropractic Licensing Boards (FCLB) Providers of Approved Continuing Education (PACE) program attended conducted a compliance audit of your XXXXXXXXXXXX course.

No concerns were noted during this audit and reviews of content and format were deemed satisfactory.

Per PACE Policy 16, FCLB is requesting reimbursement of \$XXX for the attendance of Dr. XXXX who completed the review. Additionally, Dr. XXXX will not be receiving any continuing education credits for this course.

Should you have any questions or wish to discuss this further, please feel free to contact the FCLB at (970) 356-3500 or via email at PACE@fclb.org.

Thank you for your cooperation and continued compliance with the PACE program.

Email Template to provider (concerns):

Recently, a representative of the Federation of Chiropractic Licensing Boards (FCLB) Providers of Approved Continuing Education (PACE) program conducted a compliance audit of your XXXXXXXXXXXX course.

Attached is a document listing the concerns which were noted during this audit. Please review these concerns and reply with the steps you will take to remedy these issues. You may submit your responses via email to kwebb@fclb.org no later than XX/XX/XXXX.

Per PACE Policy 16, FCLB is requesting reimbursement of \$XXX for the attendance of Dr. XXXX who completed the review. Additionally, Dr. XXXX will not be receiving any continuing education credits for this course.

Should you have any questions or wish to discuss this further, please feel free to contact the FCLB at (970) 356-3500 or via email at PACE@fclb.org.

Thank you for your cooperation and continued compliance with the PACE program.

Audit Formats – Random Full Audits (Live)

Randomly selected courses

Per the review schedule, a review team member will be asked to select a course from a list of local live courses, register for that course, complete it, and submit a review (audit form attached).

Audit Request – email template to Reviewer

Hi, Dr. xx,

To ensure continued compliance with PACE Criteria, we conduct random audits of PACE courses.

We have a few courses coming up in your area and Dr. Daschner wondered if you'd be able to attend one and conduct an audit.

When auditing a course for PACE, you have two options. You may conduct the audit and not receive CE credit, in which case PACE will request the provider refund your registration fee. Or, you may receive CE credit and the provider will not be asked to refund your fees.

I've attached a copy of the audit form for your review.

Please let me know if you have any questions and if any of the following dates/locations/courses would work for you.

Thanks!

Kelly

Possible courses

Date – location – course – credits – Link

Date – location – course – credits – Link

Email Template to Provider (no issues):

Recently, a representative of the Federation of Chiropractic Licensing Boards (FCLB) Providers of Approved Continuing Education (PACE) program attended conducted a compliance audit of your XXXXXXXXXXXX course.

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Should you have any questions or wish to discuss this further, please feel free to contact the FCLB at (970) 356-3500 or via email at PACE@fclb.org.

Thank you for your cooperation and continued compliance with the PACE program.

Email Template to Provider (concerns):

Recently, a representative of the Federation of Chiropractic Licensing Boards (FCLB) Providers of Approved Continuing Education (PACE) program conducted a compliance audit of your XXXXXXXXXX course.

Attached is a document listing the concerns which were noted during this audit. Please review these concerns and reply with the steps you will take to remedy these issues. You may submit your responses via email to kwebb@fclb.org no later than XX/XX/XXXX.

Per PACE Policy 16, FCLB is requesting reimbursement of \$XXX for the attendance of Dr. XXXX who completed the review. Additionally, Dr. XXXX will not be receiving any continuing education credits for this course.

Should you have any questions or wish to discuss this further, please feel free to contact the FCLB at (970) 356-3500 or via email at PACE@fclb.org.

Thank you for your cooperation and continued compliance with the PACE program.

Audit Schedule

Month	Full Audit	Paper – 1 st year provider	Paper	Paper
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

Audit tracking

PACE Course Paper Audit
Review of Course Materials

To ensure provider compliance with the PACE Criteria, we are conducting brief, random course reviews.

Please take a look at the course information below and the outline posted at: <http://pacex.fclb.org/>

Complete the form below to the best of your ability. Please return completed forms to me via email (kwebb@fclb.org).

Thank you!
Kelly

Course information

ID	
Title	
Overview	•
Format	
Credits/ Subjects	

CONTENT REVIEW

Based on the submitted outline/syllabus, please mark the following items as "agree" or "disagree." If you mark "disagree," please explain.

Statement	Agree	Disagree
Course appears appropriate for the allotted time		
Course appears appropriate for the subject(s) listed		
Course includes topics pertinent to contemporary chiropractic practice		
Course is evidence-based, authority-based, or tradition-based		
Course appears credible and academically rigorous		

Comments/Explanation:

PACE Online Course Audit Form (Random full audit - Online)

Course: _____

Provider: _____

Section 1: General Review

Concerns noted by reviewer during initial review: _____

Section 2: Content Review

Based on the submitted **outline/syllabus**, please mark the following items as agree or disagree. If you mark disagree, please explain.

Course appears appropriate for the allotted time	Agree	Disagree
Course appears appropriate for the subject matter breakdown provided	Agree	Disagree
Course includes topics pertinent to contemporary chiropractic practice	Agree	Disagree
Course is evidence-based, authority-based, or tradition-based	Agree	Disagree
Course appears credible and academically rigorous	Agree	Disagree
Comments/Explanation		

Section 3: Medium/format Review

Based on the submitted **outline/syllabus** and, if available, the **course evaluations**, please mark the following items as agree or disagree. If you mark disagree, please explain.

The medium/format of the course is appropriate for the material covered	Agree	Disagree
The medium/format of the course encourages active participation	Agree	Disagree
The medium/format of the course is suitable for the number of participants	Agree	Disagree
Comments/Explanation		

Section 4: Red Flags

Based on **course evaluations** and/or **onsite observations**, please check if any of the following red flags appeared. If you mark any boxes please elaborate.

Were there any concerns expressed about the followig issues?

<input type="checkbox"/> Instructor or educational staff engaged in or allowed inappropriate behavior
<input type="checkbox"/> The instructor did not appear qualified to teach the course material
<input type="checkbox"/> There were an inadequate number of personnel
<input type="checkbox"/> Instructor or educational staff engaged in sales during educational time
<input type="checkbox"/> Commercial relationships were not made clear
<input type="checkbox"/> The attendance was not monitored accurately or effectively
<input type="checkbox"/> Facility issues interfered with the students' ability to learn
<input type="checkbox"/> Equipment issues (including A/V and chiropractic equipment) interfered with the students' ability to learn
<input type="checkbox"/> Students were not give the choice to opt-out of hands-on demonstrations
<input type="checkbox"/> The content was not relevant to contemporary practice
<input type="checkbox"/> The educational materials were not organized or appropriate
<input type="checkbox"/> The course did not cover learning objectives as presented in the marketing materials

Comments/Elaboration

Section 5: Distance Learning

Based on course evaluations and/or observations during online review of the course, please check if any of the following concerns appeared. If you mark any boxes, please elaborate.

Were there any concerns expressed about the following issues?	
<input type="checkbox"/>	Deadlines, including time-outs and expected course completion dates were not clearly identified
<input type="checkbox"/>	Course allowed for completion of a credit hour in less than 50 minutes
<input type="checkbox"/>	Course did not include interactive components or did not require interaction to stay active
<input type="checkbox"/>	Instructor contact information was not easy to find or was not available
<input type="checkbox"/>	Instructor's plan for response time and feedback was not reasonable or was not clearly stated
<input type="checkbox"/>	Course did not offer self-assessment of mastery
<input type="checkbox"/>	Technical assistance was not available (if applicable)
<input type="checkbox"/>	The program was not easy to navigate or some features were not functional (only applicable for computer-based courses)
<input type="checkbox"/>	The student was not instructed to create and retain appropriate records (only applicable for clinical courses)
Comments/Elaboration	

PACE Course Audit Form (Random Full Audit – Live)

Course:

Provider: _____

Date and location: _____

Section 1: Content Review

Based on the submitted **outline/syllabus**, please mark the following items as agree or disagree. If you mark disagree, please explain.

Course appears appropriate for the allotted time	Agree	Disagree
Course appears appropriate for the subject matter breakdown provided	Agree	Disagree
Course includes topics pertinent to contemporary chiropractic practice	Agree	Disagree
Course is evidence-based, authority-based, or tradition-based	Agree	Disagree
Course appears credible and academically rigorous	Agree	Disagree
Comments/Explanation		

Section 2: Medium/format Review

Based on the submitted **outline/syllabus**, please mark the following items as agree or disagree. If you mark disagree, please explain.

The medium/format of the course is appropriate for the material covered	Agree	Disagree
The medium/format of the course encourages active participation	Agree	Disagree
The medium/format of the course is suitable for the number of participants	Agree	Disagree
Comments/Explanation		

Section 3: Red Flags

Based on **onsite observations**, please check if any of the following red flags appeared. If you mark any boxes please elaborate.

Were there any concerns expressed about the following issues?	
<input type="checkbox"/>	Instructor or educational staff engaged in or allowed inappropriate behavior
<input type="checkbox"/>	The instructor did not appear qualified to teach the course material
<input type="checkbox"/>	There were an inadequate number of personnel
<input type="checkbox"/>	Instructor or educational staff engaged in sales during educational time
<input type="checkbox"/>	Commercial relationships were not made clear
<input type="checkbox"/>	The attendance was not monitored accurately or effectively
<input type="checkbox"/>	Facility issues interfered with the students' ability to learn
<input type="checkbox"/>	Equipment issues (including A/V and chiropractic equipment) interfered with the students' ability to learn
<input type="checkbox"/>	Students were not given the choice to opt-out of hands-on demonstrations
<input type="checkbox"/>	The content was not relevant to contemporary practice
<input type="checkbox"/>	The educational materials were not organized or appropriate
<input type="checkbox"/>	The course did not cover learning objectives as presented in the marketing materials
Comments/Elaboration	

Section 4: Audit Summary

Concerns noted during audit review: _____

**Agenda Items 11 and 12
Handout 3**

January 9, 2026

Good morning Board Members:

This letter is in response to the upcoming Board meeting on January 16th and the #11 and #12 line items on the agenda.

#11. Presentation and Discussion on CE Provider and Course Review and Audit Processes by FCLB Providers of Approved Continuing Education (PACE)

#12. Review, Discussion, and Possible Action on the Potential Recognition of PACE CE Providers and Courses for the Board's CE Requirements

Regarding PACE's ability to vet CE providers and provide classes without paying fees to the board seems at the least unfair to all the other providers. Why should PACE be allowed to avoid paying provider fees and individual course fees like the rest of us? I'm unclear why the board would even want to do this?

I personally have vetted several hundred courses for Back to Chiropractic CE Seminar over the past 24 years, and have never had even one class denied. I've also vetted close to 50 instructors in that time period. These instructors have lectured for Back to Chiropractic CE Seminars and never had one complaint filed to the Chiropractic Board about their abilities and performance.

If this does go through it seems like there would be grounds for legal action as this is discriminatory as well as unfair labor and trade practices. Please consider my view.

Thank you,

Marcus Strutz DC

Back to Chiropractic CE seminars