

Check Sheet

Continuing Education Course Application

APPLICATION (Complete one application for each course title per year)

Submit a complete application package including one original application with a check or money order for \$56.00 payable to "BOCE" and required documentation described below.

DOCUMENTATION

Hourly breakdown of CE course

Final copy of syllabus/course schedule -
[must include seminar name, seminar date/location, instructor(s) name, course description, educational objectives, teaching methods, course schedule/outline, recommended reading, disclosure of expenses underwritten or subsidized by vendors of any goods, and supplies or services]

Copy of course brochure and all other promotional material to be used

Curriculum Vitae (CV) for each instructor -
[must include name; address; educational degree including college and year; license information including status and name of licensing agency; certification including status and name of certifying agency; type/location/years of practice experience; type/location/years of teaching experience; type/location/years of research experience; type/location/years of other relevant experience; title/journal/date of publications]

GENERAL INFORMATION

A course is defined in CCR § 363 as an approved program of coordinated instruction in any one of the subject areas as defined in Section 361(g) and given by an approved Provider. Once approved, a course may be given any number of times for one year following approval, with the single continuing education course fee paid one time annually by the Provider.

Course approval numbers will be assigned for all approved applications. Use this number on all correspondence, CE certificates and requests for cancellation or addition of dates or locations.

Instructor changes require prior notification to the Board with submission of a CV for that instructor.

You must immediately notify the Board of any changes that would affect the date or location of an approved course. Attach a copy of the course approval letter. Topic changes are not permitted and require a new application with fees and attachments.

Providers are required to furnish a sign-in sheet that contains the course date(s), each licensee's name, license number, and designated space for each licensee to sign in at the beginning and conclusion of the course each day. The sign-in sheet shall state that a licensee by signing their name on that sheet, is declaring under penalty of perjury, that they personally attended the stated course, on the listed date(s) and they personally attended the listed hours of coursework.

Providers shall complete and provide a certificate of completion to licensees who completed the CE course within 30 days following completion of the CE course. The certificate shall include the name and address of the provider, course title, course approval number, date(s) and location of the course, licensee name, license number, printed name and signature of the provider's designated representative, the number of hours the licensee earned in CE, including the type of mandatory hours and whether the hours were taken through distance learning or classroom learning. DO NOT distribute blank or incomplete certificates of completion to attendees. Please DO NOT send copies of certificates of completion to the Board, unless requested to do so. A sample certificate of completion is attached to the application.

Pursuant to California Code of Regulations, Section 363(h), the Executive Officer, after notification, may withdraw approval of any continuing education course for good cause, including, but not limited to, violations of any provision of this regulation or falsification of information and shall provide written notification of such action to the provider.



CONTINUING EDUCATION COURSE APPLICATION

Must be a Board approved provider before completing this application.

All questions on this application must be answered. Please submit the completed application, supporting documentation and check or money order in the amount of \$56.00 for the application fee at least 45 days prior to the first scheduled course date. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. Incomplete applications or applications with incorrect fees will be returned to the provider during the initial review process. Providers shall submit and complete one application for each CE course offered.

FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL

Provider's Name			
Street Address			
City		State	Zip Code
Contact Person	Telephone Numbers: Residence: () Business: ()		Email Address

COURSE TITLE/TOPICS AND HOURS (if different topics are being taught simultaneously, approval for all hours must be obtained)

Title (Title will appear on the Board's web site.)			
A) Mandatory Ethics and Law, History Taking and Physical Examination Procedures, Chiropractic Adjustive Technique or Chiropractic Manipulation Techniques, Proper and Ethical Billing and Coding	Number of Hours	Classroom	Distance Learning
B) Other Courses Related to Chiropractic Philosophy of chiropractic, instruction in basic sciences, diagnostic testing procedures and differential diagnosis, pain management theory, physiotherapy, manipulation under anesthesia, special population care, adverse event avoidance, pharmacology, cardiopulmonary resuscitation, principles of practice, wellness, rehabilitation, public health			
C) Other (Describe)			

Office Use Only	
Receipt No. _____	Date cashiered _____

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INSTRUCTORS* (if more than one instructor teaches a particular subject (team teaching), list both on the same line)

Name	* Type of Degree(s)	License No./State issued (if applicable)	Topic of Instruction (from list A-C on front page)	Hours

*If instructor holds a professional license, the Provider must ensure that the license is in good standing.

TOTAL HOURS **0.00**
(This total should match with the front page)

COURSE DATE & LOCATION (attach additional sheet(s) if more space is needed)

Course Date(s)	City	State

SAMPLE CERTIFICATE

Provider's Name
Provider's Address
Provider's City, State and Zip Code
Provider's Phone Number Including Area Code

Course Title
Date of Course
Location of Course (City/State)
Board Approval No. CA-A-_____

I hereby verify that _____, License No. _____ has successfully completed:

Mandatory: _____ hours

Mandatory Topic: _____

Other: _____ hours

The Continuing Education hours identified above were earned through:

Distance Learning _____

Classroom Instruction _____

Signature of Provider's Designated Representative

Date

Print Name of Provider's Designated Representative