

**CONTINUING EDUCATION APPLICATION TO THE  
NBCA CONTINUING EDUCATION COMMITTEE**

This application must be completed in its entirety. Please include all advertisement brochures and/or promotional materials if used, in accompaniment with the application. A course syllabus or outline, a vitae of all instructors and (if applicable) a letter verifying the speakers affiliation with an appropriate educational institution must also accompany this application. Applications will be submitted to the Committee for approval.

Contact information for person filling out this application:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Name of Course or Seminar** \_\_\_\_\_

1. Organization or school presenting/sponsoring course:

\_\_\_\_\_

2. Name of Co-sponsor (if applicable): \_\_\_\_\_

3. Date(s) course will be offered: \_\_\_\_\_ Locations: \_\_\_\_\_  
\_\_\_\_\_

4. Fee charged: \_\_\_\_\_ Fee covers: \_\_\_\_\_

5. What best identifies the education experience: *(please circle)*

(a) Lecture (b) Convention (c) Forum (d) Workshop

(e) Home Study (f) Video Presentation

(G) Other \_\_\_\_\_

6. Exact hours course is scheduled, include times of breaks and meals:

\_\_\_\_\_

7. Number of continuing educational hours requested: \_\_\_\_\_

(If more than one module, indicate the hours per module) \_\_\_\_\_

8. Name(s) of instructors: *(attach CV'S or resumes)*

\_\_\_\_\_

10. Who is the attendance officer and what is the method of certifying/assuring attendance:

\_\_\_\_\_

11. List text(s) and equipment used as aids: \_\_\_\_\_

\_\_\_\_\_

12. Is course approved by any school having status with the CCE? \_\_\_\_\_

*If yes, name the school* \_\_\_\_\_

13. Are any promotional publications or advertisements being used? \_\_\_\_\_  
(Please attach if possible.) \_\_\_\_\_

14. Does this course include practice building, either as a part of the program itself, or as an optional offering? \_\_\_\_\_  
If YES, please explain: \_\_\_\_\_

15. Does this course either promote a product or apparatus or offer a product or apparatus as an optional item for inspection by those attending? \_\_\_\_\_  
If YES, please explain: \_\_\_\_\_

16. Will those attending be given a product as a gift or at a reduced price? \_\_\_\_\_  
If YES, please explain: \_\_\_\_\_

<b>17. TOPICS AND HOURS REQUESTED FOR APPROVAL:</b>	<b>No. Of Hours</b>
(A) Principles of Practice / Philosophy of Chiropractic	_____
(B) Examination procedures / Diagnosis	_____
(C) Physical therapy / Physiological Therapeutics	_____
(D) Nutrition	_____
(E) Adjustive technique	_____
(F) Radiographic technique / safety	_____
(G) Diagnostic imaging interpretation	_____
(H) Insurance reporting / Procedures	_____
(I) Practice Management	_____
(J) Philosophy of Chiropractic	_____
(K) Risk Management	_____
(L) Risk Management: Sexual Abuse	_____
(M) Basic Sciences	_____
(N) Research trends	_____
(O) Medical / Legal	_____
(P) HIV prevention / education	_____
(Q) Other (specify) _____	_____

**TOTAL NUMBER OF HOURS REQUESTED FOR APPROVAL** \_\_\_\_\_

18. I hereby certify that all information listed above is correct and that nothing has been omitted. The required enclosures are also included.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: PRIOR APPROVAL OF A CONTINUING EDUCATION COURSE BY THE COMMITTEE DOES NOT ASSURE FUTURE APPROVAL. APPROVAL OF A CONTINUING EDUCATIONAL COURSE BY THE COMMITTEE DOES NOT IMPLY OR ASSURE APPROVAL BY OTHER PROVINCIAL OR STATE BOARDS. Exceptions are seminars that are pre-approved: offered by Provincial or US chiropractic associations/accredited chiropractic institutions, for example.