

Chiropractic Form 1-SB New York State Continuing Education Application

The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services

Instructions: This application must be submitted in its entirety 90 days before course offering. All final or draft advertisement brochures and/or promotional materials if used, course syllabus or outline and vitae of all instructors must accompany the application. Please be aware that any subsequent changes in syllabi; speakers; locations/dates; and updated advertisements need to be submitted to the State Board within **10 days** of the change for Board review. Maximum approval period is 3 years for those courses which will be offered on an ongoing basis, however, each individual course offering must be submitted 90 days prior to the date of offering. (see Resubmission Form for on-going offerings)

Check what you are applying for Initial Application Renewal Application

Name of Course or Seminar

Approved Organization/School sponsoring course

Contact Person

Contact Mailing Address

Contact Telephone Number

Contact Fax Number

Contact Email Address

Name of presenting organization (if applicable)

Date(s) courses will be offered

Fee to be charged to participant \$ _____ **Fee Covers** _____

What best identifies the educational experience (check one)

- Lecture Convention Forum Workshop Home Study Video Presentation
- Other _____

Number of continuing education hours requested _____

Name(s) of instructor(s) (attach CV's or resumes)

Topics and hours requested for approval (check all that apply)

- | | |
|---|--------------------|
| <input type="checkbox"/> Chiropractic Technique | No. of hours _____ |
| <input type="checkbox"/> Diagnosis | No. of hours _____ |
| <input type="checkbox"/> Clinical Interventions/Evidence Based Models | No. of hours _____ |
| <input type="checkbox"/> Neurological Testing | No. of hours _____ |
| <input type="checkbox"/> Philosophy & Principles of Chiropractic | No. of hours _____ |
| <input type="checkbox"/> Basic & Clinical Sciences and other Sciences related to Chiropractic | No. of hours _____ |
| <input type="checkbox"/> Patient Communication | No. of hours _____ |
| <input type="checkbox"/> Recordkeeping | No. of hours _____ |
| <input type="checkbox"/> Laws and/or Ethics (New York State Law Only) | No. of hours _____ |
| <input type="checkbox"/> Other (Specify) _____ | No. of hours _____ |
| Total number of hours requested for approval _____ | |

Provide name of attendance officer, method of certifying/assuring attendance, who maintains attendance records for verification

Is an examination or evaluation process part of the program? Describe below

Are there any promotional publications or advertisements being used? Yes No
If yes, please attach copies (Note: any subsequent revisions to these materials must be submitted for review within 10 days of the change.)

Does this course include practice building, either as part of the program itself, or as an optional offering? Yes No
If yes, please explain.

Does this course promote/offer a product or apparatus as an optional item for inspection by those attending? Yes No
If yes, please explain.

Will those attending be given a product as a gift or at a reduced price? Yes No
If yes, please explain.

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

Signature _____ Date _____

Print Name _____

Title _____

Mail this form to: New York State Education Department, Office of the Professions, New York State Board for Chiropractic, 89 Washington Avenue, Albany, NY 12234-1000.