



STATE OF ARIZONA BOARD OF CHIROPRACTIC EXAMINERS  
1740 West Adams Street, Suite 2430 • Phoenix, Arizona 85007  
Telephone 602.864.5088 • [www.chiroboard.az.gov](http://www.chiroboard.az.gov)

### **Continuing Education Course Renewal**

To maintain the approval of your continuing education course, you must submit a completed Continuing Education Course Renewal Application. A complete application includes:

- Courses must be renewed prior to the expiration of the course or you must apply as a new course.
- A completed Continuing Education Course Renewal Application.
- A check or money order for \$50.00 in payment of the continuing education course renewal application fee. Please make the check or money order payable to the Arizona Chiropractic Board. (You must submit a renewal application fee for each course application).
- A resume or curriculum vitae for each new course instructor.
- One letter of reference for each new course instructor from a person familiar with the instructor's qualifications as an instructor, his or her education or his or her experience in the course subject.
- Verification of licensure in good standing from each jurisdiction in which each instructor holds or has held a license sent directly from the issuing agency.
- If the course content has changed, a course description that includes the course content, explicit written objectives identifying expected learner outcomes for each section of the course and the teaching method employed.
- If the course content has changed, a detailed, hour-by-hour, syllabus identifying the subject of instruction and the instructor for each hour. If less than an hour is dedicated to a subject, the syllabus shall identify the number of minutes dedicated to instruction on that subject.
- If the course is an Online course you will need to complete the Online Addendum.

If the Board approves the renewal of your course, you will receive a letter confirming your approval. Please maintain this letter as proof that your approval has been renewed.

If you have any questions regarding this application, please contact the Board office.



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### Continuing Education Course Renewal Application

Type or print in blue or black ink. You must provide a response to each question. You may answer "None" or "N/A" if it is the correct response.

#### Applicant Information:

1. Applicant (Organization Presenting the Course): \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

#### Course Information:

2. Course Title: \_\_\_\_\_

3. Course Approval Code: \_\_\_\_\_

4. Has the course length changed?  Yes  No

5. Are you requesting approval of a different number of hours?  Yes  No

6. If yes, how many hours and why? \_\_\_\_\_

\_\_\_\_\_

7. Will the method of delivery remain the same?  Yes  No

8. If no, how will it change? \_\_\_\_\_

\_\_\_\_\_

9. If the course will be delivered online, provide the web address. \_\_\_\_\_

10. Does each course hour consists of at least 50 minutes of continuous instruction?  Yes  No

11. Is credit provided for breaks?  Yes  No

12. If the course will be delivered online, provide an explanation of the method used to confirm that the participant was engaged in 50 minutes of continuous instruction for each credit hour awarded. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. If the course will be delivered in-person, please indicate the method by which attendance will be monitored, confirmed and documented. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Name of Attendance Certifying Officer (Individual Responsible for Certifying Attendance): \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

15. Does your institution supervise the Attendance Certifying Officer listed above?  Yes  No

16. If yes, please provide a brief explanation of the supervision method employed to confirm that they are performing the duty of monitoring and confirming attendance. \_\_\_\_\_  
\_\_\_\_\_

17. Please provide the dates and locations of each of the course offerings for the next two years. You may attach a separate sheet if necessary.

Date:	Location:

**Course Subject Matter:**

18. Has any of the course content changed?  Yes  No

19. If the course content has changed, indicate the subjects of the course and the specific time of instruction in each subject. You may attach a separate sheet if necessary.

Subject:	Instruction Time:

20. If the course content has changed, attach a course description that includes the content, explicit objectives, and expected learner outcomes for each section of the course. Please also include the teaching method (e.g. lecture, discussion, webinar) for each section.

21. If the course contact has changed, attach a detailed syllabus, broken down by hour, identifying the subject of instruction and instructor for each section identified. If a subject will be taught for less than one hour, please indicate the number of minutes dedicated to instruction on that subject.

**Instructors:**

22. Please list all course instructors, their degree, the jurisdictions in which they hold or have held a license, their topics of instruction and whether they are new or returning. For each new instructor, attach a resume or curriculum vitae and one letter of reference. For all instructors, you must have verification of licensure in good standing sent directly from the jurisdiction(s) in which they are licensed. You may attach a separate sheet if necessary.

Name	Degree	Type of License & State Issued	Topic of Instruction	New or Returning?

23. Please initial to indicate compliance with the following:

- a. All of the above-referenced instructors are currently in good standing with the licensing jurisdiction in which they hold or have held a license. \_\_\_\_\_
- b. None of the above-referenced instructors have had a license placed on probation or restricted within the past five years in this or any other jurisdiction. \_\_\_\_\_

- c. None of the above-referenced instructors have had a license suspended, surrendered or revoked in this or any other jurisdiction. \_\_\_\_\_
- d. None of the above-referenced instructors have had an initial or renewal license application denied for unprofessional conduct. \_\_\_\_\_
- e. None of the above-referenced instructors have been convicted of a misdemeanor involving moral turpitude or a felony in this or any other jurisdiction. \_\_\_\_\_

24. Are any of the above-referenced instructors under investigation by a regulatory agency? If yes, attach an explanation identifying the instructor, licensing entity, the nature and status of the investigation.  Yes  No

25. Are any of the above-referenced instructors under investigation for or been charged with a criminal offense? If yes, attach an explanation identifying the instructor, the nature and status of the investigation and all relevant police records.  Yes  No

**Sponsorship:**

26. Will another entity sponsor or co-sponsor this course?  Yes  No

27. If yes, please indicate the name of the sponsor or co-sponsor: \_\_\_\_\_

28. If yes, does the sponsor have a commercial relationship or provide financial support to the course?  Yes  No

29. If yes, please provide a brief explanation of the commercial relationship or financial support. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

30. Will participants be required to purchase a product or service?  Yes  No

31. Please attach a copy of a completed sponsor/program provider agreement.

I, the undersigned, do hereby swear and affirm that the foregoing statements contained in this application are true and correct.

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date