

PACE Pre-Check Expedited Course Submission for ARIZONA

INSTRUCTIONS:

The State of Arizona Board of Chiropractic Examiners accepts PACE recognition as satisfying the requirements of the Board for purposes of the Licensure Verification process. However, courses must still be individually approved by the Board.

In lieu of the Arizona Continuing Education Course Approval Application, PACE Providers may submit the attached form along with the appropriate application fees.

To receive full CE credit, attendance data must be uploaded to the PACE database within 30 days of course completion.

The fee for application of a CE course module is \$50.00 in accordance with A.A.C. R4-7-1301(A)(10).

Mail completed forms and fees to:

State of Arizona Board of Chiropractic Examiners
1740 West Adams Street, Suite 2430
Phoenix, AZ 85007



STATE OF ARIZONA BOARD OF CHIROPRACTIC EXAMINERS
 1740 West Adams Street, Suite 2430 • Phoenix, Arizona 85007
 Telephone 602.864.5088

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CE shall comply with the chiropractic scope of practice as defined by A.R.S. §32-922, as well as A.R.S. §32-922.02, §32-931 and A.A.C. R4-7-801.

Provider/Sponsor _____ PACE Course ID# _____

Course Title _____

Hours requested for Approval: _____

Course is offered: Online (see Online Addendum) or Live If you run out of space, you may continue your list on a separate sheet and attach it to your application.

Course date _____ Location _____

CREDITS

Please mark the number of hours to be awarded in each subject.

Hours	Subject	Hours	Subject
_____	Adjusting Techniques	_____	Radiographic Technique
_____	Spinal Analysis	_____	Diagnostic Imaging and Interpretation
_____	Physical Medicine Modalities and Therapeutic Procedures as defined in A.R.S. §32-900(7) & (8).	_____	Laser (as permitted by law)
_____	Record Keeping and Documentation	_____	Clinical Laboratory Procedures limited to urine collection, finger-pricks and venipuncture.
_____	Ethics	_____	Anatomy
_____	CPR	_____	Physiology
_____	Public Health	_____	Bacteriology
_____	Communicable Diseases	_____	Chiropractic Orthopedics and Neurology
_____	Sexual Boundaries	_____	Chemistry
_____	Emergency Procedures	_____	Pathology
_____	Acupuncture	_____	Patient Management
_____	Nutrition	_____	Evidence-based Clinical Interventions Models
_____	Examination	_____	Symptomatology
_____	Assessment and Diagnostic procedures to include physical, orthopedic, neurological procedures	_____	Arizona Jurisprudence
_____		_____	Referral or Collaborative Treatment of Complex Conditions. AAC R4-7-801(K)

The subjects that are not accepted for CE credit can be found in A.A.C. R4-7-801(L).

CONTACT INFORMATION

Contact Name: _____

Mailing Address: _____

Contact Phone: _____

Contact Email: _____

Please list all course instructors, their degree, the jurisdictions in which they hold or have held a license and their topics of instruction below. If you run out of space, you may continue your list on a separate sheet and attach it to your application.

Name	Degree Held	Type of License & State Issued	Topic of Instruction

Questions regarding Instructors

Answer the questions below for all instructors of the course:

1. The instructor(s) are currently in good standing with each licensing jurisdiction in which they hold or have held a license?

Yes No

2. The instructor(s):

- a) are currently under investigation by a regulatory agency;
- b) had a license placed on probation or restricted within the past five years in this or any other jurisdiction;
- c) had a license suspended, surrendered or revoked in this or any other jurisdiction;
- d) had an initial or renewal license application denied for unprofessional conduct;
- e) are under investigation for or been charged with a criminal offense;
- f) been convicted of a misdemeanor involving moral turpitude or a felony in this or any other jurisdiction?

Yes No

If you answered yes to question #2, please provide a written explanation and documentation of the situation.

3. Does the content of any portion of this course refute generally accepted medical care and treatment and/or instruct participants to encourage patients to stop taking medication and/or stop participating in generally accepted medical care?

Yes No

4. Will another entity sponsor or co-sponsor this course?

Yes No

If you answered yes to question #4, please provide a notarized copy of the contract or agreement for sponsorship.

5. Will participants be required to purchase a product or service?

Yes No

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