



STATE OF ARIZONA BOARD OF CHIROPRACTIC EXAMINERS
1951 West Camelback Road, Suite 330 • Phoenix, Arizona 85015
Telephone 602.864.5088 • Fax 602.864.5099

Continuing Education Course Approval Eligibility & Requirements

The State of Arizona Board of Chiropractic Examiners welcomes your interest in providing continuing education for Arizona licensees. Please read the following forms, laws and rules carefully before submitting your application, as the Board cannot refund application fees, even if you do not qualify for approval.

Not all continuing education courses require Board approval. The following providers and courses are predetermined to meet the continuing education requirements. They do not require, nor should they expect, Board approval. The Board will return all applications submitted for courses that meet the following criteria without review.

- In-person courses provided by accredited colleges and universities, with qualified instructors, on topics allowed by statute and rule. (This does not include sponsored or co-sponsored courses or those taught by an adjunct faculty member of an accredited college or university.)
- In-person courses provided by the American Chiropractic Association and the International Chiropractors Association, with qualified instructors, on topics allowed by statute and rule.
- In-person CPR training provided or sponsored by the American Heart Association (AHA), the American Red Cross or an entity that meets the equivalent standards of the AHA and the Red Cross as determined by the Board.
- Participation in the development or proctoring of the NBCE examinations.

Approval is required for providers not listed above and for all online courses.

Subject Eligibility:

To qualify for Board approval, a continuing education course must meet the subject requirements set forth in A.A.C. R4-7-801 (D), (J) or (K). Qualifying subjects include:

- Acupuncture
- Adjusting techniques
- Anatomy
- Arizona jurisprudence
- Assessment and diagnostic procedures to include physical, orthopedic, and neurological procedures
- Bacteriology
- Chemistry
- Chiropractic orthopedics and neurology
- Clinical laboratory procedures limited to urine collection, fingerpicks and venipuncture (not to be confused with evaluation of lab reports)
- Communicable diseases
- CPR (via Red Cross or AHA)
- Diagnostic imaging and interpretation
- Emergency procedures
- Ethics
- Evidence-based clinical intervention models
- Examination

- Laser as permitted by law
- Nutrition
- Pathology
- Patient management
- Physical medicine modalities and therapeutic procedures
- Physiology
- Public health
- Radiographic technique
- Record keeping and documentation
- Sexual boundaries
- Spinal analysis
- Symptomatology

In addition, courses provided for the purpose of recognizing, assessing and determining appropriate referral or collaborative treatment of complex conditions, including but not limited to cancer, autism, multiple sclerosis, diabetes, and developmental disorders qualify for continuing education credit.

Please note that the Board will NOT approve courses in which the primary focus is the promotion of a product or service or courses that require participants to purchase a product or service. The course must have a significant relationship to the assessment, diagnosis or treatment of patients within the scope of practice of chiropractic, as defined in A.R.S. § 32-925 and 32-922.02. Course subjects that do NOT qualify for continuing education credit are listed in A.A.C. R4-7-801 (L). Please read this list carefully before submitting your application.

Instructor Eligibility:

Instructors must be qualified by education and/or experience to provide instruction in the course subject matter.

Qualifying instructors must:

- Be faculty of an accredited college or university or demonstrate equivalent qualifications through postgraduate study and experience teaching postgraduate coursework.
- Hold an applicable license in good standing.

Qualifying instructors must not:

- Have had a license placed on probation for unprofessional conduct within the past 5 years.
- Have had a license suspended, surrendered or revoked.
- Have had an initial license or renewal application denied for unprofessional conduct.
- Have been convicted of a felony.

Online Courses:

To qualify for approval, an online course must be provided or sponsored by an accredited college or university that meets the requirements of A.R.S. § 32-931(B). Online courses that are sponsored by, but not provided directly through, an accredited college or university must complete the Online Continuing Education Addendum in addition to the Continuing Education Course Application.

Application Requirements:

- A completed Continuing Education Course Application. (You must complete one application for each course, whether individual or included in a program of multiple courses.)
- A check or money order for \$50.00 in payment of the initial course application fee. Please make the check or money order payable to the Arizona Chiropractic Board. (You must submit an application fee for each course application).
- A resume or curriculum vitae for each course instructor.
- One letter of reference for each 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.
- 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.
- A detailed, hour-by-hour, syllabus identifying the subject of instruction, the instructor for each hour and time of day. If less than an hour is dedicated to a subject, the syllabus shall identify the number of minutes dedicated to instruction on that subject.

You must submit your complete application at least 75 days prior to the anticipated initial offering of the course if you submit the application by U.S. Mail. You must submit your complete application 60 days prior to the anticipated initial offering of the course if you submit the application by email. Email submissions should be sent to the attention of the CE Course Application Reviewer at bryan@chiroboard.az.gov. Please indicate that you are submitting a continuing education application in the subject line. Please note that if you submit your application by email, the Board must receive a check or money order in payment of the application fees within 10 days of submission. Staff cannot accept your application should you fail to submit your payment.

In accordance with A.A.C R4-7-801(E) Staff will review and respond to your submission in writing. If your application is missing any information or documentation it will be considered incomplete, you will receive a written notice and you will have 10 days to supply the missing information.

Compliance:

If the Board approves your course, you will receive a letter providing you with your approval code. To maintain your approval, you must reapply every two years, no later than the first day of the month in which the course was initially approved. You must also reapply every time the course subject or instructors change. Failure to reapply will result in the disqualification of your course.

After a licensee has completed your course, you must provide them with a certificate confirming course participation. The certificate must provide the name and license number of the attending chiropractor, the name of the course provider, the course approval code, the subject matter of the course, the course title (if different from the subject matter listed), the date and location of the course and the number of hours of continuing education the chiropractor completed.

As the provider of a Board-approved continuing education course, you are under continuing obligation to report to the Board. You must notify the Board immediately of concerns or problems that arise regarding your course, including any disciplinary action imposed on the license of an instructor or an instructor being convicted of a criminal offense.

In accordance with A.A.C. R4-7-801 (H)(2) and (3), you must maintain a list of all course attendees for a minimum of five years after each date the course is held and provide a copy of the list to the Board within 10 days of a written request to do so. You must also maintain a copy of the course syllabus with stated learning objects, a list of instructors and documentation of the name, location and date of each course held for at least five years and shall provide a copy of these materials to the Board within 10 days of a written request to do so.

A Board representative may attend your continuing education course to verify its content and ensure its compliance with statute and rule at no charge. The Board may withdraw its approval if they find that the course provider is not compliant with statute or rule, has misrepresented the course content or has failed to obtain approval after a change to the course content or its instructors. By making application to the Board, you agree to comply with these provisions.



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Continuing Education Course 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 Length: _____
4. Number of Hours Requested for Approval: _____
5. How will the course be delivered? Online In-person
6. If the course will be delivered online, provide the web address. _____

7. Does each course hour consist of at least 50 minutes of continuous instruction? Yes No
8. Is credit provided for breaks? Yes No
9. 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. _____

Course Subject Matter:

13. Please review R4-7-801 (J) and (K) and then review the subjects of the course using the subject names listed in those rules in the space provided. Please also list the specific time of day for the instruction in each of the subjects.

Subject:	Instruction Time of Day:
Arizona Jurisprudence	
Assessment And Diagnostic Procedures To Include Physical, Orthopedic, And Neurological Procedures	
Bacteriology	
Chemistry	
Chiropractic Orthopedics And Neurology	
Clinical Laboratory Procedures Limited To Urine Collection, Fingerpicks And Venipuncture (Not To Be Confused With Evaluation Of Lab Reports)	
Communicable Diseases	
CPR (Via Red Cross Or AHA)	
Diagnostic Imaging And Interpretation	
Emergency Procedures	
Ethics	
Evidence-Based Clinical Intervention Models	
Examination	
Laser As Permitted By Law	
Nutrition	
Pathology	
Patient Management	
Physical Medicine Modalities And Therapeutic Procedures	
Physiology	
Public Health	
Radiographic Technique	
Record Keeping And Documentation	
Sexual Boundaries	
Spinal Analysis	
Symptomatology	

14. Attach a course description that includes the content, explicit objectives, and expected learner outcomes for the course. Please also include the teaching method (e.g. lecture, discussion, webinar).
15. 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.
16. 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

Instructors:

17. 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?

18. Please initial to indicate compliance with the following:
 - a. All of the instructors for this course are currently in good standing with the licensing jurisdiction in which they hold or have held a license. _____
 - b. None of the instructors for this course have had a license placed on probation or restricted within the past five years in this or any other jurisdiction. _____
 - c. None of the instructors for this course have had a license suspended, surrendered or revoked in this or any other jurisdiction. _____
 - d. None of the instructors for this course have had an initial or renewal license application denied for unprofessional conduct. _____
 - e. None of the instructors for this course have been convicted of a misdemeanor involving moral turpitude or a felony in this or any other jurisdiction. _____
 - f. None of the instructors for this course are currently under investigation by a regulatory agency. _____
 - g. None of the instructors for this course are currently under investigation for or been charged with a criminal offense. _____

Sponsorship:

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

If Yes, please attach a copy of a completed sponsor/program provider agreement signed and notarized by a responsible party.

20. If yes, please indicate the name of the sponsor or co-sponsor: _____

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

22. If yes, please provide a brief explanation of the commercial relationship or financial support. _____

23. 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