



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 Renewal

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

- 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 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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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. Expiration Date of Course: _____

5. Number of Hours Requested for Approval: _____

6. Has the course length changed? Yes No

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

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

9. Will the Attendance Officer remain the same? Yes No

10. Please attach a separate sheet of the dates and locations of each of the course offerings for the next two years.

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

12. Has sponsorship of the course changed? Yes No

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

Instructors:

14. 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? |
|------|--------|--------------------------------|----------------------|-------------------|
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15. 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. _____

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