

STATE OF MAINE

**BOARD OF COMPLEMENTARY
HEALTH CARE PROVIDERS**

**CONTINUING EDUCATION PRE-APPROVAL
INFORMATION PACKET**

For Providers of Continuing Education Only



Maine Board of Complementary
Health Care Providers
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8689
TTY users call Maine Relay 711
Website: [Board of Complementary Health Care Providers](#) | [Office of Professional and Occupational Regulation](#)

Office located at: 76 Northern Avenue, Gardiner, Maine

CE PROVIDER INFORMATION GUIDE

FURNISHED TO CE PROVIDER

- CE Information Packet
- CE Pre-approval Request Form (to be submitted to the Board for review)
- Board Rules, Chapter 5 “Standards for Continuing Professional Education for Acupuncturists Naturopathic Doctors Certifiable Professional Midwives and Midwives”
- CE Provider Checklist

CE PROVIDER CHECKLIST

A request from a CE provider seeking pre-approval from the Board shall include:

- ☐ Completed CE Pre-approval Request Form (pgs. 1-2)
- ☐ Copy of Curriculum Vitae or resume of presenter
- ☐ Copy of the course outline, course agenda, or course promotional materials

IMPORTANT INFORMATION

- Requests must be submitted to the Board by either US mail or hand delivery. Requests are reviewed and processed in the order received. Requests for pre-approval generally take two weeks, barring any action required by the full Board, or during high volume of licensure renewals.
- Note: If the title of CE activity does not clearly identify how it directly relates to chiropractic licensure, or does not clearly identify that it is an eligible activity type pursuant to Board Rules, Chapter 5, then you should submit documentation to ensure a complete review without additional delays.
- If submitting more than one request, please submit a separate form for each request.
- **Where do I send my completed form?** Request forms may be submitted via email to comphealth.lic@maine.gov
- **Where is the office located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **How will I be notified of the status of my request?** You will be notified in writing via US mail
- **Can I fax my request form?** No.



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CONTINUING EDUCATION PRE-APPROVAL REQUEST FORM

Continuing Education Provider Information

Name of CE Provider:

Name of Contact Person if different than CE Provider:

Mailing Address:

Phone:

Fax:

Email:

Provider Accreditation Information

List organizations that accredit, approve or recognize the CE Provider (if applicable):

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Continuing Education Activity Information

List the title of the continuing education activity:

Select the Activity Type:

☐ Presentation, lecture, or seminar

☐ Study Club

☐ In-Service Training

☐ Distance Learning activity with examination

☐ Distance Learning activity without examination

☐ Other (please explain): _____

Identify Date(s) and Location(s) of the activity:

Date(s):

Location(s):

Identify the Number of CE hours Requested:

Hour(s):

Learning Objectives – Course Outline
List the skills and knowledge participants are expected to gain: _____ _____ _____ _____
Include copy of course outline, course agenda, or course promotional materials.

Signature and Date Required
Signature: _____
Date: _____

DO NOT COMPLETE – BOARD STAFF USE ONLY
Date Received:
Date of Board Approval: