

CONTINUING EDUCATION PROGRAM APPROVAL FORM

In order for the Maine Board to consider approval of Continuing Education Programs, you must complete this form.

IMPORTANT: The Maine Board of Chiropractic Licensure recognizes and automatically accepts providers and continuing education programs that are FCLB PACE approved. If the course in question has been PACE approved you do not need to file this application.

This form is comparable to the form that is used by the Federation of Chiropractic Licensing Boards. However you must provide information specifically required by Maine Chiropractic Licensure Rule Chapter 6. You may download the full text of these rules at www.maine.gov/professionallicensing The Maine continuing education requirement consists of Category 1 and Category 2 continuing education activities. Category 1 activities require documented physical attendance by the licensee. In each category, the unit or hour represents one clock hour.

This application must be completed in its entirety and must be accompanied by all supporting documents before it will be accepted for review. All final or draft advertisement brochures and/or promotional materials if used, must accompany the application. A course syllabus or outline, a vitae of all instructors and (if applicable) a letter verifying the speakers affiliation with an appropriate educational institution must also accompany this application. Does this course either promote a product or apparatus or offer a product or apparatus as an optional item for inspection for those attending?

A separate application must be filed for each separate course. If approved, the approval would be for the current biennial continuing education period eg. January 1, 2016 through December 31, 2017.

Program Provider:	
Co – sponsor:	
Contact Information (person completing the form and responsible for this CE approval request):	Name:
	Address:
	City/State/Zip Code
	Telephone:
	Email:

<p>Full Name of Course/Seminar:</p> <p>A copy of the syllabus or program outline must accompany this application.</p>	<p>Note: Courses specific to practice management will not be considered for approval.</p>
<p>Is approval for this course/ seminar a Category 1 <u>or</u> Category 2 and how many total number of hours requested for approval.</p>	<p>Category 1 Total Hours Requested: _____</p> <p><u>OR</u></p> <p>Category 2 Total Hours Requested: _____</p> <p>For a description of Category 1 and Category 2 please refer to Board Rule Chapter 6, Section 1(l)</p>
<p>Date(s) & Location(s) this course will be offered:</p> <p>Use a separate sheet if necessary.</p>	<p>1) Date(s): _____</p> <p>Location: _____</p> <p>Street/City/State _____</p> <hr/> <p>2) Date(s): _____</p> <p>Location: _____</p> <p>Street/City/State _____</p> <hr/> <p>3) Date(s): _____</p> <p>Location: _____</p> <p>Street/City/State _____</p> <hr/> <p>4) Date(s): _____</p> <p>Location: _____</p> <p>Street/City/State _____</p> <hr/> <p>5) Date(s): _____</p> <p>Location: _____</p> <p>Street/City/State _____</p> <hr/> <p>6) Date(s): _____</p> <p>Location: _____</p> <p>Street/City/State _____</p>

COURSE SPECIFIC QUESTIONS:

Exact hours course is scheduled for:	
What best identifies the educational experience:	<input type="checkbox"/> Lecture <input type="checkbox"/> Convention <input type="checkbox"/> Forum <input type="checkbox"/> Workshop <input type="checkbox"/> Home Study <input type="checkbox"/> Video Presentation <input type="checkbox"/> Other: _____
Name of each Instructor (print legibly) (attach cv's or resumes for each):	1) _____ 2) _____ 3) _____ 4) _____
Name of attendance officer, method of certifying/ assuring attendance, who maintains attendance records for verification.	
List text(s) and equipment used as aids.	
Is course approved/sponsored by any school having status with the CCE? If yes, name school.	YES NO
Is course approved/sponsored by any other healing arts school or college? If yes, name school.	YES NO
Is an Examination or Evaluation Process part of this course?	YES NO If yes, Describe:
Are any promotional publications or advertisements being used?	YES NO If yes, please attach final copy of advertisement.
Does this course include practice building, either as part of the program itself, or as an optional offering?	YES NO If Yes, please explain:

TOPICS & HOURS REQUESTED FOR APPROVAL	Number of Hours (You must specify Category 1 or Category 2)
A. Principles of Practice/Philosophy of Chiropractic	#Hours: Category 1; or Category 2
B. Examination Procedures/Diagnosis	#Hours: Category 1; or Category 2
C. Physical therapy/Physiological therapeutics	#Hours: Category 1; or Category 2
D. Nutrition	#Hours: Category 1; or Category 2
E. Adjustive technique	#Hours: Category 1; or Category 2
F. Radiographic technique/safety	#Hours: Category 1; or Category 2
G. Diagnostic imaging interpretation	#Hours: Category 1; or Category 2
H. Insurance reporting/Procedures	#Hours: Category 1; or Category 2
I. Practice management	#Hours: Category 1; or Category 2
K. Risk management	#Hours: Category 1; or Category 2
L. Basic sciences	#Hours: Category 1; or Category 2
M. Research trends	#Hours: Category 1; or Category 2
N. Medical/legal	#Hours: Category 1; or Category 2
O. HIV prevention/education	#Hours: Category 1; or Category 2
P. Boundaries issues	#Hours: Category 1; or Category 2
Q. Scope of practice	#Hours: Category 1; or Category 2
R. Other (Specify)	#Hours: Category 1; or Category 2
TOTAL NUMBER OF HOURS REQUESTED FOR APPROVAL	#Hours for Category 1 _____ #Hours for Category 2 _____

A syllabus or course outline may be submitted in lieu of hourly breakdown for long term courses.

I hereby certify that all information listed above is correct and that nothing has been omitted. The required enclosures are also included.

Print name _____

Signature _____

FOR OFFICE USE ONLY

Course Number Assigned:

Provider Number:

Reviewed by:

Approved on:

Approved w/ modification(s) to the hours requested for approval on:

Basis for modification eg. time not granted for lunch/breaks or a calculation error by applicant:

Hours Approved for: Category 1

Category 2

Preliminarily Denied on:

Basis for denial, must be specific with supporting regulatory citation:

2nd Review by Board CE Officer:

CEO Name: _____ Date sent for review:- _____ Return: _____

Outcome of 2nd Review: Denial supported

Denial Overturned

Rationale:

NOTE:

PRIOR APPROVAL OF A CONTINUING EDUCATION COURSE BY A CHIROPRACTIC REGULATORY BOARD DOES NOT ASSURE FUTURE APPROVAL. APPROVAL OF A CONTINUING EDUCATION COURSE BY ONE BOARD DOES NOT IMPLY OR ASSURE APPROVAL BY OTHER BOARDS.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 web: www.maine.gov/professionallicensing

NOTE:

**PRIOR APPROVAL OF A CONTINUING EDUCATION COURSE
BY A CHIROPRACTIC REGULATORY BOARD DOES NOT
IMPLY OR ASSURE APPROVAL BY OTHER BOARDS.**

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.