



**CONTINUING EDUCATION APPLICATION TO THE  
NBCA CONTINUING EDUCATION COMMITTEE**

This application must be completed in its entirety. Please include all advertisement brochures and/or promotional materials if used, in accompaniment with the application. A course syllabus or outline, a CV of all instructors and (if applicable) a letter verifying the speakers' affiliation with an appropriate educational institution must also accompany this application. Applications will be submitted to the Committee for approval.

Contact information for person filling out this application:

Name:

Phone:

Address:

1. Name of course or seminar:

2. Organization or school presenting/sponsoring course:

3. Name of co-sponsor (if applicable):

4. Date(s) course will be offered:

5. Location:

6. Fee charged:

7. What best identifies the educational experience:

- Lecture
- Convention
- Form

- Workshop
- Home study
- Video presentation
- Other:

8. Exact hours course is scheduled, include times of breaks and meals:

9. Number of continuing educational hours requested:  
(if more than one module, indicate the hours per module):

10. Name(s) of instructor(s): (attach CV(s) or resume(s)):

11. Who is the attendance office and what is the method of certifying/assuring attendance?

12. List text(s) and equipment used as aids:

13. Is course approved by any school having status with the CCE?

- Yes – Name of school:
- No

14. Are any promotional publications or advertisements being used? (attach if possible)

15. Does this course include practice-building, either as part of the program itself, or as an optional offering?

- Yes – please explain:
- No

16. Does this course either promote a product or apparatus or offer a product or apparatus as an optional item for inspection by those attending?

17. Will those attending be given a product as a gift or at a reduced price?

- Yes – Please explain:
- No

**TOPICS AND HOURS REQUESTED FOR APPROVAL:**

A. Principles of practice/Philosophy of chiropractic	
B. Examination procedures/Diagnosis	
C. Physical therapy/Physiological therapeutics	
D. Nutrition	
E. Adjustive technique	
F. Radiographic technique/Safety	
G. Diagnostic imaging and interpretation	
H. Insurance reporting/Procedures	
I. Practice management	
J. Philosophy of chiropractic	
K. Risk management	
L. Basic sciences	
M. Research trends	
N. Medico-legal	
O. Other:	
<b>TOTAL NUMBER OF HOURS REQUESTED FOR APPROVAL</b>	

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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:

Date:

*NOTE: Prior approval of a continuing education course by the Committee does not assure future approval. Approval of a continuing education course by the Committee does not imply or assure approval by other provincial or state boards. Exceptions are seminars that are pre-approved: offered by Provincial or US chiropractic associations/accredited chiropractic institutions, for example.*