

# **Oklahoma Board of Chiropractic Examiners'**

## **Continuing Education Program Sponsor**

### **and Course Approval Application**

ALL questions on this document must be answered. If there is not sufficient space, please attach additional sheets. ALL attachments will be considered part of the official application. Do not staple the application, or attachments.

#### **SPONSOR INFORMATION:**

1. **Sponsor's name:** \_\_\_\_\_
2. **State Association**      **National Association**      **CCE Approved College**
3. **Coordinator:** \_\_\_\_\_
4. **Address:** \_\_\_\_\_
5. **Phone Number:** \_\_\_\_\_ **Fax**  
**Number:** \_\_\_\_\_

#### **COURSE INFORMATION:**

6. **Name(s) of Speaker(s): (Please attach CV):**  
\_\_\_\_\_
7. **Course Title and CE hours requested for approval: (See OBCE Attachment A for amount of hours accepted by Oklahoma for CEU credits):**  
\_\_\_\_\_
8. **Date(s) and (Please attach schedule include breaks and lunch):**  
\_\_\_\_\_
9. **Location and Address:**  
\_\_\_\_\_
10. **Description of Course(s) (Please attach continuing education announcements or advertisements):**  
\_\_\_\_\_

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**11. Method of Instruction:**

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**12. SUBJECTS COVERED BY COURSE:**

<input type="checkbox"/> General or Spinal anatomy	<input type="checkbox"/> Biochemistry
<input type="checkbox"/> Neuro-muscular-skeletal diagnosis	<input type="checkbox"/> Neurology
<input type="checkbox"/> Radiology or radiographic interpretation	<input type="checkbox"/> Orthopedics
<input type="checkbox"/> Pathology	<input type="checkbox"/> Jurisprudence
<input type="checkbox"/> Public Health	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Risk Management
<input type="checkbox"/> Adjunctive or supportive therapy	<input type="checkbox"/> Boundary (Sexual)
<input type="checkbox"/> Chiropractic Adjusting technique	<input type="checkbox"/> Physiology
<input type="checkbox"/> Insurance reporting procedures	<input type="checkbox"/> Chiropractic Research
<input type="checkbox"/> HIV prevention and education	<input type="checkbox"/> Microbiology
<input type="checkbox"/> Hygiene and sanitation	<input type="checkbox"/> Ethics
	<input type="checkbox"/> Other (Please Specify)

**13. Only those speakers and subjects specifically listed in this application will be reviewed by the OBCE. If the application is approved, only those speakers and subjects listed will be presented at the continuing education seminar. Applicants are prohibited from making substitutions, additions and/or changes to the seminar program once the seminar is approved by the OBCE without the expressed written permission of the OBCE. If any substitutions, additions and/or changes are made without the permission of the OBCE, that portion of the seminar containing the substitutions, additions and/or changes will not be calculated toward CE hours. In addition, the OBCE will**

consider such unauthorized substitutions, additions and/or changes when reviewing all future CE applications presented by the Applicant.

14. It shall be the responsibility of the course instructor and/or entity providing the continuing education course, to notify all attendees that material presented in the course may be outside the scope of practice in their State, and to encourage the attendees to verify this with their respective licensing boards.

**\*\*\*THE BOARD SHALL NOT APPROVE PROGRAMS  
THAT ARE NOT CHIROPRACTIC IN NATURE.\*\*\***

**\*\*SPONSOR SHALL BE RESPONSIBLE FOR PROVIDING TO THE  
OKLAHOMA BOARD OF CHIROPRACTIC EXAMINERS VERIFICATION OF  
ATTENDANCE\*\***

By signing this application, I understand and agree that the sponsor will comply with Board Rule OAC 140:10-5-1, 140:10-5-2 relating to Renewal license; requirements, and License renewal program approval, and I certify that (1) all courses offered by the sponsor for which Board approval is requested will comply with the criteria in Rule 140:10-5-2, and (2) the sponsor will be responsible for verifying attendance at each course (see above) and must provide an attendance list to OBCE and/or a certificate of attendance to attendees as set forth in OAC 140:105-1(c) of the Oklahoma Chiropractic Practice Act.

Sponsor: \_\_\_\_\_  
(Signature of Sponsor OR representative)

Date: \_\_\_\_\_

**Attachment A:**  
**(REQUIRED ATTACHMENTS)**

- 1. Time schedule (brochure, course outline, course description)**
- 2. Table of contents or equivalent**
- 3. Faculty name(s) and credentials (if not in brochure or description)**
- 4. Complete set of materials**
- 5. Fees**
- 6. The following may not be counted for credit:**
  - a. Coffee breaks**
  - b. Opening and closing remarks**
  - c. Meal breaks**
  - d. Business meetings**
- 7. Hours of credit shall be determined by the following formula:**
  - Total minutes (minus) meal breaks, remarks, and business meetings (divided by) 50 minutes (equals) CE credits.**
- 8. The hours of credit merely reflect a maximum that may be earned through attendance. Only actual attendance by the chiropractic physician earns credit.**