

Oklahoma Board of Chiropractic Examiners'

Sponsor and Course Approval Application for Injectable Certification and Re-Certification

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

SPONSOR INFORMATION:

1. Sponsor's name: _____
2. 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. Advertisement and Announcements (Please attach continuing education announcements or advertisements):

11. Method of Instruction:

12. ____ Initial Certification or ____ Recertification

****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 140:15-5-2, 140:15-5-3; requirements.**

**Sponsor: _____
(Signature of Sponsor's 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 (Only if new materials are being presented from a prior course approval)**
- 5. Fees**