



NORTH DAKOTA BOARD OF CHIROPRACTIC EXAMINERS

P.O. Box 185 · Grafton, ND 58237

Phone: (701) 213-0476 · Fax: (855) 450-2153 · Email: contact@ndsbce.org · Web: www.ndsbce.org

Continuing Education Application

Please fill out the application and attach the supplemental documents. The ND Board of Chiropractic Examiners prefers to receive the applications by email (contact@ndsbce.org) or fax (855) 450-2153. There is no fee for this application.

NAME OF COURSE OR SEMINAR: _____

TO RECEIVE BOARD APPROVAL, A CONTINUING EDUCATION PROGRAM MUST MEET ONE OF THE FOLLOWING – PLEASE SELECT ALL THAT APPLY:

- A program sponsored or cosponsored by a college of chiropractic accredited by the council on chiropractic education or its successor or equivalent.

Name of College of Chiropractic: _____

- A health-related seminar sponsored by an equally accredited college or university.

Name of Accredited College or University: _____

- A health-related educational program or seminar arranged by a medical or chiropractic association.

Please list Medical or Chiropractic Association (please list all, if applicable): _____

- None of the above.

GENERAL INFORMATION:

1) **Organization(s) presenting course:** _____

2) **Course Platform** (select all that apply):

Classroom/Live

Online/Distance Learning

Other

3) **Total Number of Continuing Education Hours Requested:** _____

4) **Contact information for person completing this application:**

Name: _____

Email Address: _____

Phone: _____

SUPPLEMENTAL INFORMATION REQUIRED WITH THIS APPLICATION:

- 1) A detailed course outline or syllabus, including testing materials.
- 2) A listing of all date(s) and location(s) the program will be offered.
- 3) A Curriculum Vitae (CV) or Resume for all instructors/presenters appearing in the program.
- 4) The process and procedure to be used for recording attendance of those attendees seeking to apply for continuing chiropractic education credit.