

<b>FORM 1-SB.CHIRO</b>	The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of the Professions State Board for Chiropractic 89 Washington Avenue, 2 <sup>nd</sup> Floor West Albany, NY 12234		DEPARTMENT USE ONLY  Approved Effective Date  Denied Notification Date
<b>SPONSOR CONTINUING EDUCATION CHIROPRACTIC</b>			
<b>APPLICATION FOR APPROVAL AS A CONTINUING EDUCATION SPONSOR FOR CHIROPRACTIC</b>			
<p><i>At least 90 days in advance of offering courses, send a completed application with the applicable fee to the address above. NOTE: APPROVALS ARE FOR A THREE-YEAR PERIOD.</i></p>			
Check One:                      Initial Application <input type="checkbox"/> Renewal Application <input type="checkbox"/>			
Name of Organization			
Mailing Address			
Contact Person			
Telephone Number	Fax Number	E-mail Address	
<p>Each item below is a standard for State Education Department approval as a continuing education sponsor for chiropractors as set forth in Section 73.5 of the Regulations of the Commissioner of Education. To demonstrate your organization's compliance with these standards, please provide the information requested below.</p>			
<p><b>Standard 1 - Organization. Applicant is an approved entity.</b></p>			
<p>1. The organization indicated above is (check one):</p> <p><input type="checkbox"/> A higher education institution</p> <p><input type="checkbox"/> A state chiropractic professional organization</p> <p><input type="checkbox"/> A national chiropractic professional organization</p> <p>2. Attach a copy of the charter or certificate of incorporation for the organization.</p> <p>3. Attach a list of the names, titles, and addresses of the organization's officers, and board of directors/trustees.</p> <p>4. Attach a statement describing the organization's primary purpose or mission.</p> <p>5. Attach a description of any secondary purpose.</p>			

**Standard 2 - Courses. Courses are offered in appropriate subject areas.**

6. Check all subject areas you intend to offer.

Subject Area

Chiropractic technique

Chiropractic diagnosis

Use of clinical interventions/evidence based models

Neurological testing

Philosophy and principles of chiropractic

Basic and clinical sciences related to chiropractic practice

Other professional and technical skills – please specify:

Patient communications

Record keeping

Other matters of laws and ethics which contribute to professional practices in chiropractic and the health and safety, and/or welfare of the public – please specify:

7. Provide a course description or a copy of a course outline/program/brochure for each planned course that includes: (a) title; (b) names and qualifications of the presenter(s) for each lecture or topic; (c) description of course content; (d) location, date, and time; (e) starting and ending times of each session or lecture; (f) a description of the teaching methods to be used; (g) the learning objectives of the course; (h) costs, refunds, and cancellation policies; and (i) the length of the course in contact hours (of 50 minutes each).
8. Attach a description of your procedures to identify, design and evaluate courses before you offer them.
9. Attach a description of your procedures and methods to evaluate the effectiveness and overall quality of your courses. Indicate what part participants play in the evaluation process and on what basis courses/programs are updated or modified.

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**Standard 3 - Instructors. Course instructors are qualified to teach the courses which will be offered.**

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10. Attach a description of your procedures and criteria to select instructors.
11. Attach a description of your procedures and criteria to evaluate instructors' performance.
12. Attach a roster of full-time and part-time instructors, if applicable.
13. Provide a curriculum vitae or resume for each instructor that (1) demonstrates his or her qualification to conduct the course(s) and (2) includes at least his or her: (a) name; (b) current employment title; (c) degree(s) earned, with name and location of institution, major, and date received; (d) licensure status; (e) teaching experience; and (f) previous professional positions.
14. Provide job descriptions for instructors if specific instructors have not been identified for a particular course or courses.
15. Provide a roster of all full-time and part-time administrators, if applicable.

**Standard 4 - Evaluation of Effectiveness of Coursework. Sponsor has a method of evaluating the effectiveness of the coursework.**

16. Attach a description of the organization's method(s) of evaluating the effectiveness of courses that (1) are appropriate to the course objectives and educational methods and (2) measure the extent to which the objectives were accomplished.
17. Attach a sample copy of the certificate of completion the organization will provide to each licensed practitioner who completes a course. The certificate must include (a) the organization's name; (b) the date and location of the course; (c) the course title; (d) the educational method used (e.g., lecture, self-study); and (e) the number of contact hours.

**Standard 5 - Records. Sponsor will maintain records for at least six years from the date of completion of coursework.**

18. Attach a description of the organization's resources and procedures for creating and maintaining records for each course that include (a) the date and location of the course; (b) the name and curriculum vitae of the instructor; (c) the objectives and learning methods of the course; (d) an outline of the presentation, the evaluation methods used, and the number of contact hours of the course; (e) a summary of any program evaluations; (f) a copy of all promotional materials used in the course; (g) any evaluation of the need for the course; and (h) a list of licensed chiropractors in attendance.

19. Provide a signed assurance that (a) the records will be maintained for six years from the date each course was offered; (b) you will grant the State Education Department (SED) access to the records upon request; (c) you will respond to any SED inquiry regarding the records; (d) you will notify SED if the address where the records are kept changes. The assurance must include the street address where the records will be kept.

We agree to comply with the requirements of Sections 73.5 of the Regulations of the Commissioner of Education, as set forth in this application. We further agree to provide the State Education Department (SED) with information regarding our organization and the courses we offer and agree to permit SED to conduct site visits to verify our compliance with the requirements. We understand that approval, if granted, will be for a three-year period and may be renewed upon further application (including fee). We have enclosed the appropriate fee and agree that this fee is for evaluation, not approval, and is not refundable.

Signature

Print Name

Date:

Title