

Chiropractic Form 1-SB

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
State Board for Chiropractic
www.op.nysed.gov/prof/chiro/

Department Use Only

New York State Continuing Education Application

This application must be submitted in its entirety **60 days** before course offering. All final or draft advertisement brochures and/or promotional materials if used, course syllabus or outline and vitae of all instructors must accompany the application. Please be aware that any subsequent changes in syllabi; speakers; or updated advertisements need to be submitted to the State Board within **10 days** of the change for Board review. Course approval period is 3 years.

Approved Effective Date

Denied Notification Date

Check One: Initial Application Renewal Application

Name of Course or Seminar:

Approved organization/school sponsoring course:

Contact Person

Name:

Mailing Address:

Telephone Number:

Fax Number:

E-mail Address:

Name of presenting organization (if applicable):

Date(s) courses will be offered:

Fee to be charged to participant \$

Fee covers:

What best identifies the educational experience (check one):

- Lecture; Convention; Forum; Workshop; Home Study; Video Presentation;
 Other:

Number of continuing education hours requested:

Name(s) of instructor(s) (attach CV's or resumes):

Provide name of attendance officer, method of certifying/assuring attendance, who maintains attendance records for verification:

Is an examination or evaluation process part of the program?

Yes No

If 'Yes', describe:

Are any promotional publications or advertisements being used?

Yes No

If 'Yes', please attach copies (Note: any subsequent revisions to these materials must be submitted for review within 10 days of the change)

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

Yes No

If 'Yes', please explain:

Does this course promote/offer a product or apparatus as an optional item for inspection by those attending

Yes No

If 'Yes', please explain:

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

Yes No

If 'Yes', please explain:

I hereby certify that all information listed above is correct and that nothing has been omitted. The required enclosures are also included.

Signature

Date

Print Name

Title

Mail this form to: New York State Education Department, Office of the Professions, State Board for Chiropractic, 89 Washington Avenue, Albany, NY 12234