



THE STATE

of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

### Board of Chiropractic Examiners

State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2588 ★ Fax: (907) 465-2974

Email: [license@alaska.gov](mailto:license@alaska.gov)

Website: <http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/BoardofChiropracticExaminers.aspx>

## CONTINUING EDUCATION COURSE APPROVAL APPLICATION FOR PROVIDERS

**NOTE:** Completion and submission of an application does not guarantee program approval. In order to qualify for license renewal, programs **must be approved by the Board**. To be approved by the Board, a subject must contribute directly to the professional competency of a person licensed to practice as a chiropractor and be directly related to the concepts of chiropractic principles, philosophy, and practice. Practice-building courses and acupuncture training will not be approved.

### APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL

The following must be submitted before an application will be considered by the Board:

1. Fees payable to the State of Alaska as follows:

- \$50.00 initial course application fee – courses must be submitted for approval for each licensing period.
- OR–
- \$25.00 course change fee – required if there has been a change in the content or provider of a currently-approved course. You must include the approval number issued when the course was initially approved. (If the course approval has expired, you must submit the \$50.00 initial course application fee.)

2. Completed and signed application form.

3. Course description including

- The course title and description of the learning objectives.
- An outline or syllabus describing the course topics and the number of hours devoted to each topic.

4. Copy of resume or curriculum vitae for the principle instructor(s) or speaker(s). Each may be no more than one page in length, or you may substitute a letter from the sponsoring chiropractic college verifying instructor affiliation with the school.

5. A sample copy of the Certificate of Completion that will be issued to the participant.

### CHECKLIST

- ☐ Did you sign your application?
- ☐ Did you enclose payment? (Please make check payable to "State of Alaska" or use the credit card payment form.)
- ☐ Did you enclose all documentation required for your application? (Please review the list above.)
- ☐ Did you make a copy of your application for your files?
- ☐ Mail your application to: Alaska State Board of Chiropractic Examiners, PO Box 110806, Juneau, AK 99811-0806

### ADDITIONAL INFORMATION

Course approvals are valid until December 31<sup>st</sup> of the next even-numbered year.

The list of approved continuing education courses is available on the Board's website:

<http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/BoardofChiropracticExaminers.aspx>

The Board recognizes courses and programs that are certified by the Providers of Approved Continuing Education (PACE) through the Federation of Chiropractic Licensing Boards. If your course is approved by PACE, there is no need for you to apply with the Alaska State Board of Chiropractic Examiners.



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**CONTINUING EDUCATION COURSE APPROVAL  
APPLICATION FOR PROVIDERS**

Completion and submission of this form does not guarantee program approval. This application must be completed in its entirety and submitted with the required fees and supporting documentation.

**This application must be completed in full. Type or print all information in ink.**

**Fees due with application:**

- ☐ \$50.00 Initial Course application fee **-OR-**  
☐ \$25.00 Course Change fee for currently-approved course: Alaska approval # \_\_\_\_\_

**Make checks payable to State of Alaska, or use the credit card payment form.**

1. Applicant (organization or school presenting course): \_\_\_\_\_

Address: \_\_\_\_\_

Contact name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name of Co-sponsor (if applicable): \_\_\_\_\_

3. Course or Program Title: \_\_\_\_\_

4. Program Length: Total number of continuing education hours requested: \_\_\_\_\_

- ☐ Treatment & Adjustment Technique, Examination & Diagnosis: \_\_\_\_\_ hours included  
☐ X-ray & Diagnostic Imaging: \_\_\_\_\_ hours included

5. Program date and locations:

- ☐ Internet, distance or correspondence: various dates during the approval period.  
☐ In-person program dates and locations: \_\_\_\_\_

6. Name(s) of principle instructor(s) or speaker(s): \_\_\_\_\_

7. Attendance verification method and certifying officer: \_\_\_\_\_  
\_\_\_\_\_

8. Certificate of Completion issued to participant? ☐ Yes ☐ No

**WARNING: Falsification of any written evidence submitted to the Board as part of this application is unprofessional conduct and constitutes grounds for censure, reprimand, or license revocation or suspension.**

I hereby certify that all information contained in and submitted as a part of this application is true and correct, and that nothing has been omitted. The required enclosures are also included.

**SIGN HERE** 

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Title*