MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301
Baltimore, MD 21215
(410)764-4738
www.health.maryland.gov/chiropractic

CONTINUING EDUCATION UNIT COURSE APPROVAL APPLICATION

Companies, schools or contractors seeking course approval must submit this application at least sixty (60) days before the start date of the program or course. There is a $25 processing fee which is to be submitted with this application.

Course Title: _____

Course Sponsor's Name: _____

Address: _____

Phone: _____ Email: _____

Date(s) Course will be conducted: _____ Location(s): _____
(***Attach course syllabus***)

Course fee per licensee/registrant: _____ Additional fees: _____

Mode of delivery (check one) _____ Home Study _____ Online _____ Live Lecture _____ Hybrid

If online delivery, provide website address: _____

Exact hours for which course is scheduled: _____

Total number of CE hours requested for approval: _____

Is there an examination required for course completion? _____

Name of Instructor(s): _____

*(***Instructor's professional resume(s)/CV(s) must be attached to the application***)

Name of certifying officer and method used to ensure attendance/completion:

_____

_____

_____

Name of Chiropractor (if requestor) _____ License No.: _____

Email Address: _____ Phone No.: _____

Note: MD Chiropractic licensees may request waiver of the 60-day submission deadline by submitting the application and $25.00 fee ***no later than 30-days before the course date.***

BOARD USE ONLY

Check Date: _____ **Check #:** _____ **Check Amount:** _____

Date to Committee: _____ **Date to Board:** _____ **Approved** ☐ **Yes** ☐ **No**

Date Requestor Notified: _____ **Date CE Provider Notified:** _____

Maryland
DEPARTMENT OF HEALTH

TOPICS AND HOURS REQUESTED FOR APPROVAL

TOPIC	NO. HOURS REQUESTED
Scope of Practice (Philosophy, General Practice, etc.)	_____
Specific modalities/procedures (describe):	
_____	
_____	_____
Examination Procedures	_____
Physical Therapy	_____
Ethics/Boundaries	_____
Patient relations/diversity/cultural competency	_____
Risk Management/Jurisprudence	_____
Insurance/Coding/Billing	_____
General Practice Management including supervision	_____
Disease Control including AIDS/HIV, infectious diseases	_____
Radiography	_____
Research	_____
Wellness/Nutrition/Exercise	_____
Other (describe):	
_____	
_____	_____
Total Hours Requested For Approval	_____

I attest that all information listed above is correct to the best of my knowledge.

_____	_____	_____
Type/Print Name of Course Provider/Requestor	*Signature*	*Date*
_____	_____	_____
Type/Print Name of Licensee	*Signature of Licensee*	*Date*

*** *Did you remember to include the following with this application?*

- □ **$25.00 Application Fee** ***(Each course submission must be on a separate application form)***
- □ Instructor CV/Resume
- □ Course Syllabus
- □ Sample Completion Certificate
- □ Sponsor verification (if applicable)