

GEORGIA BOARD OF CHIROPRACTIC EXAMINERS

GENERAL INSTRUCTIONS FOR COMPLETING A CONTINUING EDUCATION (C.E.) PROGRAM APPLICATION FORM

All C.E. program providers must comply with Board Rules 100-5-.02 and 100-5-.04, which can be viewed on the Georgia Board of Chiropractic Examiners website at <http://sos.ga.gov/index.php/licensing/plb/14>.

All C.E. providers seeking Board approval of a C.E. program must submit a Continuing Education Application Form along with the supporting documentation for each program that is to be presented. The items submitted to the Board will not be returned to you. **All required documentation should be submitted at least sixty (60) days in advance.**

The C.E. application and supporting documentation packet may be faxed, mailed, or emailed to the Georgia Board of Chiropractic Examiners as indicated on the application form. Documentation submitted via email or fax must be submitted as a Word document or in PDF format. **No personal emails or handwritten notes will be accepted as supporting documentation.**

The completed C.E. application and supporting documents will be sent to the reviewing Board Cognizant for review. The Contact Person identified on the application will receive a C.E. Response Letter via email when the program is granted, denied approval, or requires Board review. If the Board Cognizant recommends the denial of your application, the file will be presented to the Board at the next scheduled board meeting for consideration and a vote. Upon receiving notice that your application will be presented to the Board, you may submit additional documentation to support your C.E. application if desired. The Board may choose to uphold the Cognizant recommendation to deny the application or grant approval. The Contact Person identified on the application will receive notice of the final decision of the Board via email within 7-10 business days after the meeting date. **If the full Board denies your C.E. application, you must submit a new C.E. application with supporting documents if you desire further consideration of the same program.**

If granted approval, an approval code will be assigned. **Please note that program approval codes are only valid during the calendar year in which it was issued.** You must submit a new application with supporting documents each calendar year and receive a new approval code if you desire to continue to offer the same program in subsequent years. Do not combine the years on the C.E. application form.

The C.E. approval code is only good for the dates requested on the C.E. application form. **To add additional dates for a C.E. program that has already been approved;** you must submit a new and complete C.E. application form listing the additional dates in the appropriate field and notate the assigned approval code that is associated with original program date(s). *Supporting documents are not required to add additional dates.

A new application with supporting documents must be submitted if: the title of the program changes, any program speaker(s) or instructor(s) change, or the program content is altered.

If you have any questions, please contact the Professional Licensing Board at (478) 207-2440, or visit the Board's website at <http://sos.ga.gov/index.php/licensing/plb/14>.

GEORGIA BOARD OF CHIROPRACTIC EXAMINERS

Professional Licensing Boards
237 Coliseum Drive
Macon, Georgia 31217

Email: PLB-Healthcare2@sos.ga.gov

Fax# 1-866-888-1308

Continuing Education Program Application & Approval Form

PLEASE TYPE OR PRINT

***Incomplete applications will not be reviewed.**

Sponsoring Group:

Program Title:

Date(s) of Program:

Time(s) of Program:

Program Site(s):

Intended Audience:

Goals/Behavioral Objectives:

Method of Instruction:

CE Hours Requested:

If this application is to add additional dates, list the original approval code:

Please attach the follow Program Materials:

- 1) Detailed Program Outline or Agenda and/or Promotional Program Material**
- 2) Short Vitae for each speaker/instructor** – (must explain the speaker’s credentials/certifications for teaching the course)
- 3) Evaluation Method** – (a copy of the instrument used to evaluate the efficacy of the program as well as the tool provided to each attendee to evaluate the program)

***All program materials must provide the title, date(s), location, time, and number of CE hours requested for the program.**

Please list the Area(s) of Study for which the Continuing Education request falls under:

***Areas of Study are listed in BR 100-5-.02 Approval of Educational Programs**

- 1) Chiropractic Clinical Science:
- 2) Ethics or Risk Management:
- 3) Georgia Laws and Rules:

Contact Person Name:

Mailing Address:

Phone Number:

Email:

TO BE COMPLETED BY:

THE GEORGIA BOARD OF CHIROPRACTIC EXAMINERS

Date Received: ____/____/____

Program #: _____

Review Dated: ____/____/____

Approved ____ Disapproved ____

CE Hours Approved: _____

Approved by: _____

Comments: _____