



# State of Arizona Board of Chiropractic Examiners

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Executive Director

## Request For Approval of Board Ordered Continuing Education

Type or print in blue or black ink. Answer ALL questions. Answer "None" or "N/A" if it is the correct response.

### **Doctor of Chiropractic (Requestor):**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: (     ) \_\_\_\_\_

### **Order (Case) Number:**

Non-Discipline: \_\_\_\_\_  
Disciplinary: \_ \_\_\_\_\_

### **Course Information:**

Course Title: \_\_\_\_\_  
Course Subject: \_\_\_\_\_  
Name of the instructor: \_\_\_\_\_  
Sponsor of the course: \_\_\_\_\_

If the course instructor is on faculty with an accredited college or university, provide the name of the college or university. \_\_\_\_\_

If the instructor is not faculty, you must provide a copy of the instructor's curriculum vitae. Is the curriculum vitae attached? (Circle) YES NO

A course syllabus must be attached for approval consideration. Have you attached a course syllabus, broken down by credit (clock) hours? (Circle) YES NO

### **Board Staff Use Only:**

Date: \_\_\_\_\_  
Order (Case) #: \_\_\_\_\_  
Course Name: \_\_\_\_\_  
Staff Reviewer: \_\_\_\_\_

Approval Decision: \_\_\_\_\_

Staff Comments: