



State of Arizona Board of Chiropractic Examiners

5060 North 19th Avenue Suite 416 • Phoenix, Arizona 85015
Voice: (602) 864-5088 FAX (602) 864-5099
www.azchiroboard.com

Janice K. Brewer
Governor

•••
P. Dianne Haydon, D.C.
Chairperson

Susan Wenberg, D.C.
Vice-Chairperson

James Badge, D.C.
Member

Norris Nordvold
Member

•••
Patrice A. Pritzl
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: