



KANSAS CHIROPRACTIC ASSOCIATION

Application for Program Approval for Continuing Chiropractic Education

The KCA, through its Education Committee, reserves all rights to determine whether subject matter and seminar speakers adequately meet the guidelines established for continuing chiropractic education credit. Education committee members can and will proctor educational programs statewide. Please complete this form; you may be asked to provide additional information during the approval process.

Name of Course: _____

CE Hours Requested: _____ **Host/Sponsor of Course:** _____

Dates/Times/Location(s): _____

Attendance Verification Method: _____

1. Subject matter to be taught: _____

NOTE: Philosophy, practice management/building and motivational seminars WILL NOT be approved for continuing education credit. DCs cannot host or sponsor CAT I continuing Education hours.

2. Speaker qualification: (select)

- A member of the postgraduate faculty of a chiropractic college accredited by the Council on Chiropractic Education.
- A member of the faculty of a recognized, accredited college offering graduate degree programs above the baccalaureate programs instructing within his/her qualified area.
- A member of any branch of the healing arts who has demonstrated expertise in a health-related discipline, a recognized CCE or a university recognized postgraduate study, or a member of any branch of the healing arts who has conducted scientific research recognized by the Kansas Chiropractic Association Education Committee; or any member of any branch of the healing arts who has developed a specialty in clinical practice.
- A lecturer, speaker or graduate faculty member who has demonstrated expertise in other another disciplines which has been defined and approved by the Kansas Chiropractic Association Education Committee.
- A certified diplomat of the American Chiropractic Association Council.
- A lecturer or speaker who has demonstrated expertise in subjects written for training new doctors. (May be a presenter at new doctor seminars only)
- An employee and/or representative of a college or chiropractic association.
- Other (please explain): _____

3. Attach syllabus, which describes the program in its entirety.

4. Attach curriculum vitae for each speaker who will participate in the program.

5. Attach a copy of Certificate of Attendance form, which will be provided to attendees and to the Kansas State Board of Healing Arts.

NAME (printed or typed)

ORGANIZATION

SIGNATURE

DATE

KCA OFFICE USE ONLY: Date Received by KCA _____ Paid _____
Education Committee Approval: YES _____ NO _____