

The Commonwealth of Massachusetts  
Division of Professional Licensure

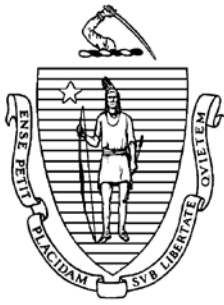
Board of Registration of Chiropractors  
1000 Washington Street, Suite 710  
Boston MA 02118-6100  
(617) 727-3093

INSTRUCTIONS TO ORGANIZATIONS AND/OR SPONSORS OF CONTINUING EDUCATION SEMINARS  
APPLYING FOR COURSE APPROVAL IN THE COMMONWEALTH OF MASSACHUSETTS

All sponsors of continuing education (CE) seminars requesting approval by the Massachusetts Board of Registration of Chiropractors are requested to follow the following outline when making an application for course approval, and upon receiving such approval:

- Submit the application for CE course approval at least **three months prior** to the date that the course is scheduled to be held.
- Only **fully** completed applications will be considered by the Board. Be sure to include all syllabi, publications, and/or multimedia programs.
- When a course has been formally approved or denied for CE credit by the Board a letter will be mailed to the listed contact person from the sponsoring organization indicating such. Only approved CE courses will be listed on the Division of Registration's Web Site. [<http://www.state.ma.us/reg/boards/ch>]
- Upon the successful completion of each CE course, the sponsoring organization will forward to each licensed attendee requesting CE credit, verification in the form of a certificate of attendance, attesting to the name of the course, sponsoring organization, instructor, and number of hours that the attendee actually completed. **DO NOT SEND** course attendance lists or individual certificates **TO THE BOARD**.
- Financial arrangements between sponsoring organizations/ agencies and course attendees can **NOT** become a consideration before the Board. It is expected that internal problems will be handled by the sponsoring organization and that **ALL** licensed attendees who successfully completed a CE course be given credit verification.
- Any CE application found to contain inaccurate and deceitful information will result in precluding that sponsoring organization from having their future applications considered for CE approval within the Commonwealth of Massachusetts.
- Mail completed application to:

Massachusetts Division of Professional Licensure  
Board of Registration of Chiropractors  
1000 Washington Street, Suite 710  
Boston, MA 02118-6100



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**APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL**

Please be sure to answer each inquiry and enclose all necessary material. Use additional sheet if necessary.

1. Registration period (April 1st- March 31st) of course: 20\_\_\_\_ / 20\_\_\_\_
2. Title of course: \_\_\_\_\_  
\_\_\_\_\_
3. Name of sponsoring organization(s): \_\_\_\_\_
4. Name, address, and phone number of contact person: \_\_\_\_\_  
\_\_\_\_\_
5. Is the course format: Lecture? Publication? Multimedia CD-ROM? Internet based?
6. Location where course is to be held: \_\_\_\_\_
7. Date(s) of course (list only within a single registration period): \_\_\_\_\_
8. What is the course objective? \_\_\_\_\_
9. How many hours of study will each course provide? \_\_\_\_\_
10. Name each presenting instructor: \_\_\_\_\_  
\_\_\_\_\_
11. What accredited institutions do each instructor hold post-graduate faculty status? \_\_\_\_\_  
\_\_\_\_\_
12. Who will be the attendance officer, and what is the method for certifying attendance?  
\_\_\_\_\_
13. Please enclose a blank copy of the certificate of attendance form that will be sent to each participant upon completion of the course.
14. Please enclose the syllabus/ course outline, or the publication, or multimedia program for this course.
15. Please mail to:     Massachusetts Division of Professional Licensure, Board of Registration of  
                                  Chiropractors, 1000 Washington St., Boston, MA 02118-6100.