



Continuing Education Program Application

Please fill out a separate application per course.

Instructor Name(s): _____

Date of Course: _____

Location: _____

Course Title: _____

Total Number of CE Hours: _____

Contact information for *attendees* to register for course:

Name: _____

Phone: _____

Website: _____

Brief description of course (100 words or less):

****Please attach a copy of your course advertisement (**REQUIRED**)**

Please indicate the which of the following subject(s) and number of hours will be covered during the course.

# of CE hours	SUBJECT	# of CE hours	SUBJECT
	General or Spinal Anatomy		Neuro-Muscular-Skeletal Diagnosis
	Radiographic Interpretation		Pathology
	Orthopedics		Neurology
	Jurisprudence		Biochemistry
	Nutrition		Public Health
	Adjunctive or Supportive Therapy		Acupuncture
	Boundary (Sexual) Issues		Chiropractic Adjusting Technique
	Risk Management		Insurance Reporting/Procedures
	Chiropractic research		Physiology
	Microbiology		HIV prevention and education
	Ethics		Hygiene and Sanitation
	Medicare (total of 8)		TBCE Required Hours (total of 4)

Instructor/Payment Information

Point of contact for roster/application payment: _____

Office number: _____

Email: _____

Name on card: _____

Billing address: _____

City: _____ State ____ Zip _____

CC# _____ EXP. _____

Email completed application to: CE@chirotxas.org