

Wisconsin Department of Safety and Professional Services

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CHIROPRACTOR/CHIROPRACTIC RADIOLOGICAL TECHNICIAN/CHIROPRACTIC TECHNICIAN CONTINUING EDUCATION APPROVAL FORM

Return as a Word attachment to Peter Schramm at Peter.Schramm@Wisconsin.gov, at least 75 days prior to initial course date.

Area of Continuing Education:

(Check one or all that apply)

Chiropractor

Chiropractic Technician (CT)

Chiropractic Radiological Technician (CRT)

Course Title:

Course Sponsor Name:

Total CE Hours Requested:

Does Course Sponsor meet the requirements under Chir 5.02(1)(a)? Yes No

Contact Information for Course Sponsor:

Name, Address, Phone, Email

Course Objectives/Outcomes (*provide on additional sheet of paper if needed*):

- 1.
- 2.
- 3.

Initial Course Date(s) and Location(s): _____

**PLEASE NOTE*: Additional dates and/or locations may be offered within the biennium without submitting requests for further approval as long as the original approved course content is offered by the approved instructor; however, if course content and/or instructor change, you must submit a new request for approval, at least 75-days in advance.*

If the program sponsor is delegating any responsibilities of this seminar, please complete information below:

Name of Delegated Entity/Person: _____

Specific personnel responsible:

Name: _____

Address: _____

Qualifications: _____

(Attach CV/Bio if available)

- If a written contract exists between sponsor and delegated entity, please attach a copy to this form.
- Regardless of whether a written contract exists, please provide specific detail of how sponsor will ensure that delegated duties are in compliance with Chir 5.02 requirements.

The Delegate will perform the following: (check all that apply)

- Monitor and verify attendance
- Provide monitoring and attendance evidence to Sponsor for proper record retention
- Validate course content
- Provide instructor information

Method of monitoring attendance: Sponsor Monitored Delegated Monitoring

Nutritional Counseling Credit Consideration? Yes, for ___ # of hours No ___

You must also submit the following via E-mail:

1. Condensed instructor's qualifications of no more than two (2) pages indicating the areas of expertise related to the specific areas of instruction per this seminar request (CV may be sent as a PDF)
2. A clear, hourly breakdown of the proposed sessions (breakdown may be sent as a PDF).

For Department Use Only

___ Course approved for ___ number of hours; including ___ hours of nutritional counseling

___ Course(s) not approved because:

___ Course does not meet the 75-day rule ___ Content does not pertain to Wisconsin Clinical Practice

___ Other: _____

Reviewed by: _____ **Date:** _____

#2986 (10/15)

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