Wisconsin Department of Safety and Professional Services

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CHIROPRACTOR

CONTINUING EDUCATION ADDENDUM

Name (please print): _____ **Credential#: _____**

PLEASE COMPLETE THE FOLLOWING INFORMATION WHICH IS REQUIRED IN ORDER TO RENEW YOUR LICENSE:

☐ I have completed the 40 hours of continuing education as required for the 2018-2020 biennium. I have evidence of this which I will furnish to the Chiropractic Examining Board upon request. If more space is needed, please attach additional sheet(s). **One (1) credit of AED course work may be counted toward the continuing education requirement every biennium** (Wis. Admin. Code § Chir. 5.01)**. See requirements on the DSPS website at https://dsps.wi.gov/Pages/Professions/Chiropractor/CE.aspx.**

Course ID#	Course Title	Credit Hours

MAKING A FALSE STATEMENT IN CONNECTION WITH ANY APPLICATION FOR A CREDENTIAL IS GROUNDS FOR REVOCATION OR DENIAL.

Date: _____ **Total Credit Hours:_____**

Signature: _____
(Print and Sign Form)