

Wisconsin Department of Safety and Professional Services

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DIVISION OF POLICY DEVELOPMENT

CHIROPRACTOR, CHIROPRACTIC RADIOLOGICAL TECHNICIAN, and CHIROPRACTIC TECHNICIAN CONTINUING EDUCATION APPROVAL FORM

Complete and return 3-page form and any required supporting documentation to DSPSExaminationsOffice@wisconsin.gov.
Incomplete forms and forms submitted less than 60 days before the initial event will be returned.

Area of Continuing Education (Check one or all that apply.):											
<input type="checkbox"/> Chiropractor		<input type="checkbox"/> Chiropractic Radiological Technician (CRT)									
<input type="checkbox"/> Chiropractic Technician (CT)											
Course Title											
Course Sponsor Name											
Total CE Hours Requested		Maximum CE Hours Possible									
Contact Information for Course Sponsor											
Last Name		First Name	Title								
Course Sponsor Address (street/number)		(city)	(state)								
Phone Number (including area code)		E-mail Address									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> </tr> <tr> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> </tr> </table> Ext _____											
Was this course approved by the Chiropractic Examining Board during the previous biennium? If yes, it can be renewed without review by the Board liaison as long as the course content and instructor have not changed. If this is a renewal, please list the previous approval code: _____											
Initial Course Date(s)											
Initial Course Time(s)											
Initial Course 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.											

1.	Per Wis. Stat. § 446.028(1) "program sponsor" means one of the following. (Select one.) <input type="checkbox"/> Wisconsin Chiropractic Association (WCA) <input type="checkbox"/> International Chiropractors Association (ICA) <input type="checkbox"/> A college of chiropractic with accreditation that is in good standing from the Council on Chiropractic Education or another accrediting agency whose recognition by the United States department of education is current. <input type="checkbox"/> A college of medicine or osteopathy with accreditation that is in good standing from an accrediting agency whose recognition by the United States department of education is current. <input type="checkbox"/> A member-based state or national chiropractic organization that satisfies Wis. Stat. §§ 446.028(1)5.a. , 5.b. , and 5.c.
2.	Describe the time and place of the program. (Attach additional sheets, if needed.)
3.	Is program sponsor requesting nutritional counseling credit consideration? If yes, specify number of nutritional counseling continued education (CE) hours _____ . <input type="checkbox"/> Yes <input type="checkbox"/> No

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4.	Will any portion of the program be conducted online? If yes, please describe how the program will comply with all requirements under Wis. Admin. Code § Chir 5.02(1)(cm). Attach additional sheets, if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Has the sponsor listed above had a minimum of 20 continuing education programs approved for the previous 2-year registration period? If yes, proceed to Question 6. If no, proceed to Section B.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	If yes to Question 5, the program may request expedited approval of a continuing education program. To be eligible for expedited approval, the sponsor must meet requirement Wis. Admin. Code § Chir 5.05(1)(a) or (b) and submit an application at least 6 months after the beginning date of the current 2-year registration period. Is applicant requesting expedited approval? If yes, proceed to Section A. If no, proceed to Section B.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION A – EXPEDITED APPROVAL (Wis. Admin. Code § Chir 5.05)		
A1.	Does the program sponsor attest that the program materially meets all of the requirements under §§ Chir 5.02(1) and (6) and will award continuing education credit as provided under §§ Chir 5.02(2) and (5) . If yes, complete Section A2 and submit 3-page form and any required documentation to DSPSExaminationsOffice@wisconsin.gov at least 60 days prior to initial course date.	<input type="checkbox"/> Yes <input type="checkbox"/> No
A2.	<p>ATTESTATION: I hereby attest that the information contained in this application is true and correct to the best of my knowledge and belief. Further, I understand that, per Wis. Stat. § 446.028(3), no program sponsor may delegate the tasks of monitoring or recording attendance, providing evidence of attendance, verifying required course content, or providing information on instructors for a continuing education program. A person who intentionally violates this subsection may be punished as provided in Wis. Stat. § 446.07.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input style="width: 100%; height: 20px; margin-bottom: 5px;" type="text"/> Signature of Dean or Department Head <input style="width: 100%; height: 20px; margin-bottom: 5px;" type="text"/> Printed Name <input style="width: 100%; height: 20px; margin-bottom: 5px;" type="text"/> Title </div> <div style="width: 45%;"> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> Date <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> Phone </div> </div>	

SECTION B - Application for approval of a continuing education program. (Wis. Admin. Code § Chir 5.04)	
B1.	Describe how the program sponsor meets requirements listed under Wis. Admin. Code § Chir 5.02 . (Attach additional sheets, if needed.)
B2.	<p>ATTACH ALL OF THE FOLLOWING:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence of the program sponsor's verification showing to the satisfaction of the board that the subject matter meets the requirements under § Chir 5.02(1)(b) or (bm), as applicable. <input type="checkbox"/> A detailed course outline or syllabus describing the subject matter of the program, and the amount of time devoted to each section of the outline or syllabus. <input type="checkbox"/> The names and a description of the qualifications of all instructors (ex., CV) including, if applicable, whether an instructor of the program who is an undergraduate or postgraduate faculty member of a sponsoring college was appointed in accordance with accreditation standards of the Council on Chiropractic Education or by an agency approved by the United States department of education.

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B3. ATTESTATION: I hereby attest that the information contained in this application is true and correct to the best of my knowledge and belief. Further, I understand that, per Wis. Stat. § [446.028\(3\)](#), no program sponsor may delegate the tasks of monitoring or recording attendance, providing evidence of attendance, verifying required course content, or providing information on instructors for a continuing education program. A person who intentionally violates this subsection may be punished as provided in Wis. Stat. § [446.07](#).

Signature of Dean or Department Head

Printed Name

Title

Submit form and any required documentation to DSPEXaminationsOffice@wisconsin.gov at least 60 days prior to initial course date.

/ /

Date

- -

Phone

For Department Use Only

Course(s) approved for _____ number of hours; including _____ hours of nutritional counseling.

Course(s) not approved

Comments:

Reviewed by:

Date: / /