

Wisconsin Department of Safety and Professional Services

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REQUEST FOR APPROVAL OF A CHIROPRACTIC RADIOLOGICAL TECHNICIAN or CHIROPRACTIC TECHNICIAN PRE-CERTIFICATION COURSE OF STUDY

Completion of this form is required for all providers applying for approval of a Chiropractic Technician or Chiropractic Radiological Technician pre-certification course of study. You must submit a proposal of the course of study with this form which will be used by the Chiropractic Examining Board to determine whether to approve the course of study.

Chiropractic Technician/Chiropractic Radiological Technician pre-certification course of study information:

School/Provider Name: _____

Street Address: _____

City, State, Zip Code: _____

School/Provider Administrator: _____

Contact Telephone: _____

Contact Email Address: _____

*Please attach the written course of study proposal including course outline, description/rationale, measured outcomes, instructor qualifications, etc.

You will be contacted if additional information is required. If the course of study is approved by the Chiropractic Examining Board, the school/provider is required to inform the Department in advance of any changes to the course of study or instructor qualifications to determine if the change will require review for re-approval.

NOTE: You may make no plans for admission of students or release publicity until you have received notice in writing from the Department that the chiropractic radiological technician or chiropractic technician course of study has been approved.

Signature of CT or CRT Educational Program Administrator

Date