**Wisconsin Department of Safety and Professional Services**

 **Mail To: P.O. Box 8366** 1400 E. Washington Avenue

 **Madison, WI 53708‑8366** Madison, WI 53703

 FAX #: (608) 251‑3031E-Mail: web@dsps.wi.gov

 **Phone #: (608) 266-2112** Website: http://dsps.wi.gov

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 this course was approved by the Chiropractic Examining Board during the previous biennium, it can be renewed without review by the liaison as long as the course content and instructor have not changed. If this is a renewal, please list the previous approval code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fill out the following section ONLY if a separate entity is performing any of the duties. If the sponsor is putting the course on by themselves, leave the section blank.

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

□ Provide instructor information

By rule, the sponsor is required to validate the course content. By checking the following box, the sponsor if confirming that they are validating all subject content: □

**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 (12/16)

**Committed to Equal Opportunity in Employment and Licensing**