



State of Arizona Board of Chiropractic Examiners

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Request For Approval of Board Ordered Continuing Education

Type or print in blue or black ink. Answer ALL questions. Answer "None" or "N/A" if it is the correct response.

Doctor of Chiropractic (Requestor):

Date: _____
Name: _____
Address: _____
City/State/Zip: _____
Telephone: (____) _____

Order (Case) Number:

Non-Discipline: _____
Disciplinary: _ _____

Course Information:

Course Title: _____
Course Subject: _____
Name of the instructor: _____
Sponsor of the course: _____

If the course instructor is on faculty with an accredited college or university, provide the name of the college or university. _____

If the instructor is not faculty, you must provide a copy of the instructor's curriculum vitae. Is the curriculum vitae attached? (Circle) YES NO

A course syllabus must be attached for approval consideration. Have you attached a course syllabus, broken down by credit (clock) hours? (Circle) YES NO

Board Staff Use Only:

Date: _____
Order (Case) #: _____
Course Name: _____
Staff Reviewer: _____

Approval Decision: _____

Staff Comments: