SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION BOARD OF CHIROPRACTIC EXAMINERS CONTINUING EDUCATION PROGRAM APPROVAL REQUEST APPLICATION

Post Office Box 11329 Columbia, S.C. 29211-1329 Telephone (803) 896-4665 Fax (803) 896-4719

INSTRUCTIONS

- 1. Complete this form for each seminar submitted.
- 2. See instructions on reverse side of this form.
- 3. Return to address shown on left side of form.

SPONSORS PROGRAMS ARE SUBJECT TO AUDIT BY BOARD

ADDRESS:	
ADDRESS:	
PHONE:()CON	TACT NAME:
WEB SITE:	TACT NAME: E-MAIL:
S.C. RULES AND REGULATIONS BEI	ING PRESENTED? (CIRCLE) Yes No
BOARD MEMBER PRESENTING:	T BE PRESENTED BY S.C. CHIROPRACTIC BOARD MEMBER)
(MUS:	T BE PRESENTED BY S.C. CHIROPRACTIC BOARD MEMBER) Individuals authorized to teach SC RULES &
REGULATIONS	individuals authorized to teach SC ROLES &
TITLE OF PROGRAM:	
INSTRUCTORS' NAME(S):	
NO. OF HOURS REQUESTED:	HOURS ATTACHED: (CIRCLE) Y N
DATE(S):	ATTACHED: (CIRCLE) Y N
LOCATION(S):	ATTACHED: (CIRCLE) Y N
PROVIDE BUSINESS, CITY AND STATE WH	ATTACHED: (CIRCLE) Y N ERE PROGRAM IS BEING HELD FOR EACH DATE,
(I.E. MARIOTT, COLUMBIA, S.C.).	
IF MORE THAN ONE DATE, PLEASE PROVI	IDE LOCATION FOR EACH DATE.
,	
METHOD OF MONITORING ATTENI	·
PRESENTER(S) RESUME(S):	ATTACHED: (CIRCLE) Y N
(Please include a copy in your packet)	
NOTE: APPROVAL NUMBER MU	UST BE ON ATTENDANCE CERTIFICATE
BOA	ARD USE ONLY
	
	ED:DATE:
APPROVED: Yes No HRS.APPROV	

CONTINUING EDUCATION APPROVAL GUIDELINES

Acceptable educational programs or courses must be:

- Presented and/or sponsored by accredited chiropractic colleges;
- Taught by post-graduate level instructors of an accredited college or school approved by the Board; or
- Presented and/or sponsored by other individuals or organizations.

Sponsor Requirements

Sponsors seeking approval for their educational programs must submit a written request to the Board Administrator ninety (90) days prior to the scheduled date of the event.

Each provider shall:

- (a) have a mechanism for the maintenance of records for no less than four (4) years;
- (b) have a method of monitoring and verifying attendance;
- (c) provide each participant adequate documentation of program participation to include:
 - (i) name and license number of participant;
 - (ii) name and address of sponsoring individual(s) or organization;
 - (iii) name of program;
 - (iv) number of hours completed;
 - (v) date and location of program;
 - (vi) authorized signature.

Program Request Requirements

Requests for program approval must include the following information:

- (a) Name and address of the sponsoring individual(s) or organization;
- (b) Instructor's name and credentials;
- (c) Outline of program content;
- (d) Number of actual 60-minute hours of instruction;
- (e) Method of monitoring and certifying attendance;
- (f) Location where program will be presented;
- (g) Dates when program will be presented.

Program approval is based on following criteria:

- (a) Enhances practitioner's knowledge and skill in practice of chiropractic as defined by state law.
- (b) Uses sufficiently qualified instructors in the field of their instruction either by practical or academic experience, or both.
- (c) Held in a suitable setting, conducive to learning.
- (d) Adequate monitoring or certifying measures are likely to be observed.

Retention and Audit

Licensees must maintain copies of their attendance certificates for four (4) years from the last renewal date. The Board will conduct random audits of licensees on a biennial basis to certify compliance with continuing education requirements.

Approval Number

Education programs receive Board assigned identifying approval numbers. The assigned approval number must be on the certificate of program attendance furnished to attendees. Attendance certification to the Board is the responsibility of practitioner.

Note:

Practice building subject matter such as (administration, finance, etc.) will not be approved for continuing education.

Revised 4/30/2015