



Continuing Education Program Application

Please fill out a separate application for each course.

Instructor Name (s): _____

Contact email (s): _____

*(attach CV for each instructor)

Does the Instructor meet with one of the following Criteria as stated in [TBCE Rule §73.4](#) Yes or No

Is(Are) the instructor(s) familiar with the TBCE Scope of Practice and Delegation rule [TBCE Rule Title 22 Part 3 Chapter 78](#) Yes or No

Course Title: _____

Method of Instruction: In person (Live) – Webinar (live) – Online _____

Course Date: _____

Total number of CE hours applied for: _____

Does the course meet the criteria for continuing education courses as stated in [TBCE Rule §73.3?](#) Yes or No

*(Attach a brief description of the Course - about 100 words)



Contact information for attendees to register for course:

Name: _____

Phone: _____

Website: _____

Please indicate which of the following subject(s) and number of hours will be covered during the course.

# of CE hours	SUBJECT	# of CE hours	SUBJECT
	General or Spinal Anatomy		Neuro-Muscular-Skeletal Diagnosis
	Radiographic Interpretation		Pathology
	Orthopedics		Neurology
	Jurisprudence		Biochemistry
	Nutrition		Public Health
	Adjunctive or Supportive Therapy		Acupuncture
	Boundary (Sexual) Issues		Chiropractic Adjusting Technique
	Risk Management		Insurance Reporting/Procedures
	Chiropractic research		Physiology
	Microbiology		HIV prevention and education
	Ethics		Hygiene and Sanitation
	Medicare (total of 8)		TBCE Required Hours (total of 4)

(TBCE does not approve courses on practice management)

Applicant Name: _____

Applicant Signature: _____

Date of Application: _____