



STATE OF ALASKA  
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT  
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING  
**BOARD OF CHIROPRACTIC EXAMINERS**  
P.O. BOX 110806, JUNEAU, ALASKA 99811-0806  
PHONE: (907) 465-3811 FAX: (907) 465-2974  
E-mail: [license@alaska.gov](mailto:license@alaska.gov)  
Website: [www.commerce.alaska.gov/occ/pchi.htm](http://www.commerce.alaska.gov/occ/pchi.htm)

## **CHIROPRACTIC CONTINUING EDUCATION APPLICATION**

**NOTE:** Completion and submission of an application does not guarantee program approval. In order to qualify for license renewal, programs **must be approved by the Board**. To be approved by the Board, a subject must contribute directly to the professional competency of a person licensed to practice as a chiropractor and be directly related to the concepts of chiropractic principles, philosophy, and practice. Practice-building courses and acupuncture training will not be approved.

### **APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL**

The following must be submitted before an application will be considered by the Board:

1. Fees payable to the State of Alaska as follows:

- \$50.00 initial course application fee – courses must be submitted for approval for each licensing period.  
–OR–
- \$25.00 course change fee – required if there has been a change in the content or provider of a currently-approved course. You must include the approval number issued when the course was initially approved. (If the course approval has expired, you must submit the \$50.00 initial course application fee.)

2. Completed and signed application form.

3. Course description including

- The course title and description of the learning objectives.
- An outline or syllabus describing the course topics and the number of hours devoted to each topic.

4. Copy of resume or curriculum vitae for the principle instructor(s) or speaker(s). Each may be no more than one page in length, or you may substitute a letter from the sponsoring chiropractic college verifying instructor affiliation with the school.

5. A sample copy of the Certificate of Completion that will be issued to the participant.

### **CHECKLIST**

- Did you sign your application?
- Did you enclose payment? (Please make check payable to "State of Alaska" or use the credit card payment form.)
- Did you enclose all documentation required for your application? (Please review the list above.)
- Did you make sure your enclosures are **printed on only one side of each page**?
- Did you make sure that your documents are **not stapled** (paper clips are acceptable)?
- Did you make a copy of your application for your files?
- Mail your application to: Alaska State Board of Chiropractic Examiners, PO Box 110806, Juneau, AK 99811-0806

### **ADDITIONAL INFORMATION**

Course approvals are valid for all or part of the current licensing period ending on December 31<sup>st</sup> of even-numbered years.

The list of approved continuing education courses is available on the Board's website:  
[www.commerce.state.ak.us/occ/pchi.htm](http://www.commerce.state.ak.us/occ/pchi.htm)

The Board recognizes courses and programs that are certified by the Providers of Approved Continuing Education (PACE) through the Federation of Chiropractic Licensing Boards. If your course is approved by PACE, there is no need for you to apply with the Alaska State Board of Chiropractic Examiners.



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**CHIROPRACTIC CONTINUING EDUCATION APPLICATION**

*Completion and submission of this form does not guarantee program approval. This application must be completed in its entirety and submitted with the required fees and supporting documentation. Enclosures must be printed ON ONLY ONE SIDE of each page and may NOT be stapled. (Paper clips are acceptable.)*

**This application must be completed in full. Type or print all information in ink.**

**Fees due with application:**

- \$50.00 Initial Course application fee **-OR-**
- \$25.00 Course Change fee for currently-approved course: Alaska approval # \_\_\_\_\_

**Make checks payable to State of Alaska, or use the credit card payment form.**

1. Applicant (organization or school presenting course): \_\_\_\_\_

Address: \_\_\_\_\_

Contact name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name of Co-sponsor (if applicable): \_\_\_\_\_

3. Course or Program Title: \_\_\_\_\_

4. Program Length: Total number of continuing education hours requested: \_\_\_\_\_

- Treatment & Adjustment Technique, Examination & Diagnosis: \_\_\_\_\_ hours included
- X-ray & Diagnostic Imaging: \_\_\_\_\_ hours included

5. Program date and locations:

- Internet, distance or correspondence: various dates during the approval period.
- In-person program dates and locations: \_\_\_\_\_

6. Name(s) of principle instructor(s) or speaker(s): \_\_\_\_\_

7. Attendance verification method and certifying officer: \_\_\_\_\_

8. Certificate of Completion issued to participant?  Yes  No

**WARNING:** Falsification of any written evidence submitted to the Board as part of this application is unprofessional conduct and constitutes grounds for censure, reprimand, or license revocation or suspension.

I hereby certify that all information contained in and submitted as a part of this application is true and correct, and that nothing has been omitted. The required enclosures are also included.

➔ SIGN HERE \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Title



State of Alaska  
 Department of Commerce, Community, and Economic Development  
 Division of Corporations, Business and Professional Licensing  
 PO Box 110806, Juneau, Alaska 99811-0806  
 Phone: (907) 465-2550  
 Fax: (907) 465-2974

OFFICE USE ONLY

**CREDIT CARD PAYMENT**

For security purposes, please **do not email** credit card information. Fax or mail this form to the Division. Completion of this form is not proof of payment until the division processes the information contained herein. If any information on this form is illegible, the form will be rejected. Please print.

Name of Applicant or Licensee: \_\_\_\_\_  
*Corporate or Individual (first, middle, last)*

License Number (if applicable): \_\_\_\_\_

Type of License: \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

- |   |                     |
|---|---------------------|
| <input type="checkbox"/> Application fee          | Amount              |
| <input type="checkbox"/> License (or renewal) fee | _____               |
| <input type="checkbox"/> Fine                     | _____               |
| <input type="checkbox"/> Other (specify): _____   | _____               |
|   | <b>Total:</b> _____ |

Print Name on Credit Card: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Credit Card Type (check one):  VISA  MASTERCARD

Signature of Credit Card Holder: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*The bottom section of this form will be destroyed upon processing of the payment.*