



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
Board of Chiropractic Examiners
7 Eagle Square, Concord, NH 03301
Phone: 603-271-2152

CONTINUING EDUCATION APPLICATION

Please refer to RSA 316-A:20 which can be found under laws and rules on our website at www.oplc.nh.gov/board-chiropractic-examiners.

The sponsoring agency of each continuing education course shall apply for approval of the course at least **60 days prior to the starting date of the course**, and shall submit the following information:

a) Title: _____

b) Location: _____

c) Date(s): _____

d) Sponsoring Agency: _____ACA_____ICA or any state chartered chiropractic school or college: _____

e) Course Objective: _____

f) Hours of Study: _____ **Please attach detailed course syllabus and hour by hour breakdown.**

g) Name(s) of Instructor(s): _____
Please attach curriculum vitae for all instructors noting their educational background and experience.

h) Name of attendance-certifying officer and method of certification: _____

i) Seminar Fee: _____

I attest that the information contained in this application and all its attachments are fully truthful and accurate. I further attest that I have verified the information contained in the instructor's curriculum vitae(s) and that the information is complete and accurate.

Signature Date

Telephone Number of Individual Completing This Form: _____

*** Incomplete, erroneous or misleading information will impede the processing of this and future applications.***

Mail to Office of Professional Licensure and Certification, Board of Chiropractic Examiners, 7 Eagle Square, Concord, NH 03301 or e-mail to chiropractic@nh.gov