KENTUCKY BOARD OF CHIROPRACTIC EXAMINERS

PUBLIC PROTECTION CABINET – DEPARTMENT OF PROFESSIONAL LICENSING
P.O. Box 1360, Frankfort, Kentucky 40602
500 Mero Street 2NE33, Frankfort, Kentucky 40601 (Overnight Delivery Only)
Phone: (502) 782.4250 | Fax: (502) 564.4818 | Website: kbce.ky.gov | Email: kbce@ky.gov

KY BOARD OF CHIROPRACTIC EXAMINERS CONTINUING EDUCATION APPLICATION

Instructions:

Complete the application in its entirety. All required information, documents, and fees must be included. Failure to do so will result in a delay in processing the application and possible denial of the course.

1. Applications for live CE courses must be submitted directly to the KY Board using the attached form.
2. All applications for online CE approval, including live webinars, MUST be submitted through PACE first. Once approved by PACE, the course must be submitted to and individually approved by the KY Board using the attached form.
3. Applications must be received 60 days prior to the date the course is to take place.
4. Kentucky law allows for a maximum of 8 hours of continuing education to be obtained per day.
5. A Course Outline/Syllabus must be included with this application (for live CE applications) or uploaded to PACE (for online CE applications).
6. A CV for each course instructor must be included with this application (for live CE applications) or uploaded to PACE (for online CE applications).
7. Each course must have an objective for the entire course or an objective for each section taught by each instructor.
8. All fees are non-refundable.
9. Review all CE requirements in 201 KAR 21:042. CEs shall comply with the KY chiropractic scope of practice as defined by KRS 312.017.

NOTE TO ONLINE/PACE PROVIDERS:

Once uploaded to PACE, you must make the course Public so the Board can review all materials. An online course will remain approved for 1 calendar year from a date of the provider's choosing so long as it complies with the 60-day rule as stated above. To receive full CE credit, attendance data must be uploaded to the PACE database within 30 days of course completion.

FEE SCHEDULE:

All fees must be paid by check or money order written out to Kentucky State Treasurer and included with your application.

- Live Events Only -A minimum fee of $25.00 for a live one-time event of 16 hours or less. Any event over 16 hours will be $2.00 per requested credit hour with a maximum fee of $100.00. For events with multiple dates and locations, there will be an additional $25.00 fee.
- Online Events Only- A minimum fee of $25.00 for a live one-time event of 16 hours or less. Any event over 16 hours will be $2.00 per requested credit hour with a maximum fee of $100.00.
- Live and Online Events – A minimum $50.00 for an event of 16 hours or less. Any event over 16 hours will be $2.00 per requested credit hour with a maximum fee of $100.00. For events with multiple live dates and locations, there will be an additional $25.00 fee.

Emailed and faxed applications will not be accepted. Mail completed applications to:

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PO Box 1360, Frankfort, KY 40602

GENERAL INFORMATION	
Course Title:	Provider/Sponsor:
Name of Cosponsor (if applicable):	PACE Course ID #:

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CONTACT INFORMATION FOR PERSON FILLING OUT FORM

Name:	Email Address:	Phone #:	
Address: Street	City:	State:	Zip Code:

CONTACT INFORMATION FOR COURSE REGISTRATION

Name:	Email Address:	URL:

GENERAL QUESTIONS

Live Events: Date(s) & Location(s)

Online Events: (Select One)
☐ 60 days from date application was received
☐ Choose a date, no earlier than 60 days from when the application was received:

Is the requested course general education, peer review education, or both? (Select all that apply)
☐ General Education
☐ Peer Review

Exact Hours Course Will Be Offered:	Total Hours Requested:	Total Hours Requested Each Day:	Max. Hours Doctor Can Attain/Day:
Max. Hours Doctor Can Attain/Course:	Name(s) of Instructors: 1st two pages of CV must be attached for each instructor		

Date of Original Recording (for online programs):

Mark the Number of Hours to Be Awarded in Each Subject:

Principles of Practice:	Risk Management:	Therapy/Physiology:	Therapeutics:	Nutrition:
Adjustive Technique:	Research Trends:	Basic Sciences:	Patient Management:	Medical/Legal:
Examination Procedures/Diagnosis Physical:	Insurance Reporting/Procedures:	Diagnostic Imaging & Interpretation:	Philosophy of Chiropractic:	Scope of Practice:
Radiographic Technique/Safety (X-Ray):	Other: List subject & hours			

Provide Name(s) of the Attendance Officer, Method of Certifying/Assuring Attendance, & Who Maintains the Attendance Records:

CERTIFYING STATEMENT

I hereby certify that the information included in this application is correct and nothing has been omitted. I also certify that all required enclosures have been included or uploaded to PACE for board review.

Signature (Required) :	Date:

Printed Name: