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KENTUCKY BOARD OF CHIROPRACTIC EXAMINERS

PO Box 1360 Frankfort, KY 40602

Telephone 502-892-4250- kbce@ky.gov

PACE Pre-Check Expedited Course Submission for Kentucky

CE shall comply with the Kentucky chiropractic scope of practice as defined by 312.017

Provider/Sponsor _____ PACE Course ID# _____

Course Title _____

CREDITS

For Live Events- Date(s) and Location(s) _____

For Online Events – Please choose a date that you want credit for the course to begin once approved.

_____ - 60 days from when the application was received by the Board

_____ - Choose a Date - (no earlier than 60 days from when the application was received)

Exact Hours the Course will be offered _____

Total Hours Requested _____

Total Hours Requested For Each Day _____

Maximum Hours Doctor Can Attain/ Day _____

Maximum Hours Doctor Can Attain/Course _____

Please mark the number of hours to be awarded in each subject.

Hours Subject

Hours Subject

Principles of Practice

Examination Procedures / Diagnosis Physical

Therapy / Physiological

Therapeutics

Nutrition

Adjustive Technique

Diagnostic Imaging and Interpretation

Insurance Reporting / Procedures

Patient Management

Practice Building is NOT accepted for continuing education credit.

Philosophy of Chiropractic

Risk Management

Basic Sciences

Research Trends

Medical / Legal

Scope of Practice

Radiographic Technique / Safety (X-ray)

Other _____

CONTACT INFORMATION

Contact Name: _____ Contact Phone: _____

Contact Email: _____ Signature: _____

~~PACE Pre-Check Expedited Course Submission for KENTUCKY~~

~~INSTRUCTIONS:~~

~~The Kentucky Board of Chiropractic Examiners accepts PACE recognition as satisfying the requirements of the Board for purposes of the licensure renewal process. However, courses must still be individually approved by the Board.~~

~~In lieu of Kentucky's Continuing Education Application, PACE Providers may submit the attached form along with the appropriate application fees. Applications must be received by the Kentucky Board 60 days in advance of the course. An online course will remain approved for 1 calendar year from a date of the event providers choosing so long as that date is no earlier than 60 days from the date the Board received the submission for approval. All applications for online CE approval must be submitted through PACE. Kentucky law allows for a maximum of 8 hours of CE credit to be earned per day and no CE credit can be given for philosophy or practice management. To receive full CE credit, attendance data must be uploaded to the PACE database within 30 days of course completion.~~

~~The fee for application of a CE course module is as follows.~~

~~-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. The online event will remain approved for 1 calendar year.~~

~~-Live Event That Will Also Be Recorded To Be Used As Online CE – 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. The online event will remain approved for 1 calendar year.~~

~~Send completed forms to:~~

~~KENTUCKY BOARD OF CHIROPRACTIC EXAMINERS
PO Box 1360 Frankfort, KY 40602
Telephone 502-892-4250 · kbce@ky.gov~~

Dirty

Kentucky Board of Chiropractic Examiners Continuing Education Application

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

***Applications must be received 60 days prior to the date the course is to take place.**

*** Kentucky law allows for a maximum of 8 hours of continuing education to be obtained per day.**

***A Course Outline/Syllabus must be included with this application.**

***A CV for each course instructor must be included with this application.**

***Each course must have an objective for the entire course or an objective for each section taught by each instructor.**

***No CE credit can be given for Philosophy or Practice Building per KY law.**

***PACE certified entities applying for online CE credits MUST apply through PACE.**

***All fees are non-refundable.**

-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 or recorded 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. The online event will remain approved for 1 calendar year.

-Live Event That Will Also Be Recorded To Be Used As Online CE – 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. The online event will remain approved for 1 calendar year.

Kentucky Board of Chiropractic Examiners Continuing Education Application

Course Title _____

Organization or School Presenting the Course _____

Name of Cosponsor if Applicable _____

Contact information of the person filling out this application:

Name _____ Phone _____

Email _____ Fax _____

Address _____

For Live Events- Date(s) and Location(s) _____

For Online Events – Please choose a date that you want credit for the course to begin once approved.

_____ - 60 days from when the application was received by the Board

_____ - Choose a Date - (no earlier than 60 days from when the application was received)

Exact Hours the Course will be offered _____

Total Hours Requested _____

Total Hours Requested For Each Day _____

Maximum Hours Doctor Can Attain/ Day _____

Maximum Hours Doctor Can Attain/Course _____

Name(s) of Instructor(s)-- *CV Must Be Attached for Each Instructor (1st 2 pages of CV is sufficient)

Provide the name of the attendance officer, method of certifying/assuring attendance, and who maintains the attendance records.

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.

Print Name _____

Title _____

Signature _____

Date _____



KENTUCKY BOARD OF CHIROPRACTIC EXAMINERS

PUBLIC PROTECTION CABINET – DEPARTMENT OF PROFESSIONAL LICENSING
P.O. Box 1360, Frankfort, Kentucky 40602
500 Mero Street 25C32 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:

KENTUCKY BOARD OF CHIROPRACTIC EXAMINERS
PO Box 1360 Frankfort, KY 40602

GENERAL INFORMATION

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

CONTACT INFORMATION FOR PERSON FILLING OUT FORM

Name:	Email Address:	Phone #:
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PL-KBCE 05
Rev. March 2023
KRS 312.085, .017
201 KAR 21:042

201 KAR 21:042
Filed: March 14, 2023

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PUBLIC PROTECTION CABINET – DEPARTMENT OF PROFESSIONAL LICENSING
P.O. Box 1360, Frankfort, Kentucky 40602
500 Mero Street 2SC32 Frankfort, Kentucky 40601 (Overnight Delivery Only)
Phone: (502) 782.4250 | Fax: (502) 564.4818 | Website: kbce.ky.gov | Email: KBCE@KY.GOV

Address: Street | City: | State: | Zip Code:

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:

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

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: