



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

(410)764-4726

www.health.maryland.gov/chiropractic

CONTINUING EDUCATION UNIT GUIDELINES

The regulations pertaining to Continuing Education Units are found at COMAR 10.43.11, et seq., and are summarized below. Please refer to the Board's website for the complete text.

1. By September of each renewal year, applicants shall satisfactorily complete at least **48 hours of CEUs** (completed within the previous 24 months) consisting of:
 - a) 3 hours of communicable disease (including AIDS/HIV);
 - b) 5 hours of risk management, of which 1 hour must be on jurisprudence; **and**
 - c) Certification of Healthcare Provider Level CPR from the Red Cross or American Heart Association.
2. **All courses must relate to chiropractic scope of practice** as determined by the Board. Up to 12 hours of board-approved physician courses may be taken if such courses are also approved by the Maryland State Board of Physicians.
3. Courses may be delivered in live, audio, home-study, or electronic mode.
4. Companies, schools or contractors seeking course approval shall submit the following, **in writing, at least ninety (90) days before the start date of the program or course:**
 - a) Continuing Education Unit Course Approval Application. The submission form may be downloaded from the Board's website (*FORMS* Menu).
 - b) Title, location, date of course;
 - c) If electronic, the website, database or system used;
 - d) Number of credits requested;
 - e) Names & professional and educational qualifications of instructors in bio or CV format, listing previous pertinent educational presentations;
 - f) Name of attendance certifying officer and method of certification;
 - g) Required texts or course notes used;
 - h) A detailed syllabus and schedule of the classes & courses;
 - i) List of any sponsor of the program or course.
 - j) There is a review fee of \$25.00 per program submitted to the Board for review. This fee is not re-charged for subsequent amendments within the calendar year of review. Submissions received without the fee will not be processed.
 - k) MD Chiropractic licensees may submit course review/approval without paying the review fee and may request waiver of the 90 day submission deadline. Licensees must still submit the above listed course information. To expedite review, submissions may be sent via facsimile or email to the Executive Director.
5. Individual certificate and registration holders shall maintain their own CEU records – the **Board will verify compliance through random audits.**



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CONTINUING EDUCATION UNIT COURSE APPROVAL APPLICATION

Companies, schools or contractors seeking course approval must submit this application at least ninety (90) days before the start date of the program or course. There is a \$25 processing fee which is to be submitted with this application.

Course Title: _____

Course Sponsor's Name: _____

Address: _____

Phone: _____ Email: _____

Date(s) Course will be conducted: _____ Location(s): _____
(Attach course syllabus)

Course fee per licensee/registrant: _____ Additional fees: _____

Mode of delivery (check one) _____ Home Study _____ Online _____ Live Lecture

If online delivery, provide website address: _____

Exact hours for which course is scheduled: _____

Total number of CE hours requested for approval: _____

Is there an examination required for course completion? _____

Name of Instructor(s): _____

*(Instructor's professional resume(s)/CV(s) must be attached to the application)

Name of certifying officer and method used to ensure attendance/completion:

Name of Chiropractor (if requestor) _____ License No.: _____

Email Address: _____ Phone No.: _____

Note: Chiropractic licensees may submit course review/approval without paying the review fee and may request waiver of the 90 day submission deadline. To expedite review, MD licensed chiropractor submissions may be sent via facsimile or email to the Executive Director.

BOARD USE ONLY

Check Date: _____ Check #: _____ Check Amount: _____

Date to Committee: _____ Date to Board: _____ Approved Yes No

Notification to CE Provider

Notification to Requestor



TOPICS AND HOURS REQUESTED FOR APPROVAL

<u>TOPIC</u>	<u>NO. HOURS REQUESTED</u>
Scope of Practice (Philosophy, General Practice, etc.)	_____
Specific modalities/procedures (describe):	
_____	_____
_____	_____
Examination Procedures	_____
Physical Therapy	_____
Ethics/Boundaries	_____
Patient relations/diversity/cultural competency	_____
Risk Management/Jurisprudence	_____
Insurance/Coding/Billing	_____
General Practice Management including supervision	_____
Disease Control including AIDS/HIV, infectious diseases	_____
Radiography	_____
Research	_____
Wellness/Nutrition/Exercise	_____
Other (describe):	
_____	_____
_____	_____
Total Hours Requested For Approval	_____

I attest that all information listed above is correct to the best of my knowledge.

_____	_____	_____
<i>Type/Print Name of Course Provider/Requestor</i>	<i>Signature</i>	<i>Date</i>

_____	_____	_____
<i>Type/Print Name of Licensee</i>	<i>Signature of Licensee</i>	<i>Date</i>

*** *Did you remember to include the following with this application?*

- \$25.00 Application Fee (Waived for MD licensees)
- Instructor CV/Resume
- Course Syllabus
- Sample Completion Certificate
- Sponsor verification (if applicable)