

Wisconsin Department of Safety and Professional Services

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DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

CHIROPRACTOR/CT/CRT CONTINUING EDUCATION APPROVAL FORM

Return as an E-mail attachment to Ryan Zeinert at ryan.zeinert@wisconsin.gov, 75 days prior to initial course date.

Name and E-mail Address of Course Sponsor and Contact Person:

Course Title: _____

Course Objective: _____

Initial Course Date(s) and Location(s):

PLEASE NOTE: Additional dates and/or locations may be offered without submitting requests for further approval as long as the original approved course content is offered by the approved instructor; however, **if course content and/or instructor change, you must submit a new request for approval, 75-days in advance.**

Method of monitoring attendance: _____

Nutritional Counseling Credit Consideration?

Yes _____, for _____ number of hours

No _____

Area of Continuing Education:

(Check one or all that apply)

Chiropractor _____

Chiropractic Technician (CT) _____

Chiropractic Radiological Technician (CRT) _____

You must also submit the following via E-mail, Word Attachment ONLY:

1. Condensed Instructor's qualifications of no more than two (2) pages each indicating the areas of expertise related to the specific areas of instruction per this seminar request (CV may be sent as a PDF)
2. A clear, hourly breakdown of the proposed sessions (breakdown may be sent as a PDF).

For Department Use Only

_____ Course approved for _____ number of hours; including _____ hours of nutritional counseling

_____ Course(s) not approved because:

_____ Course does not meet the 75-day rule _____ Content does not pertain to Wisconsin Clinical Practice

_____ Other: _____

Reviewed by: _____

Date: _____