State of Idaho
Bureau of Occupational Licenses
700 West State Street, PO Box 83720
Boise, Idaho 83720-0063

CONTINUING EDUCATION APPROVAL APPLICATION

This is a "request of approval" application for continuing education offerings not otherwise approved by the Board. ***It must be completed in its entirety. All requested information and attachments must accompany the application before it will be reviewed by the Board.*** Applications must be received well before the offering date to allow the Board adequate time to review the materials. Check the applicable Board Laws and Rules for applicable deadlines. The Board may deny credit for any course or part of any course that does not meet the requirements of Idaho Law or Rule. Please review the requirements before submitting your request. Please keep a copy of your materials. Original materials submitted will not be returned.

☐ **Individual applying for credit for a course** ☐ **CE provider applying for course approval**

If additional space is needed, add separate pages and note the corresponding item number on your response.

1. Name of Course, Workshop, or Seminar: _____

2. Relevant Profession(s) Targeted: _____

3. Applicant Contact Information:

   Name: _____ Phone: _____

   E-mail: _____ Fax: _____

   Address: _____
   Street/PO Box City State Zip

4. Name of Sponsor(s) (if applicable): _____

5. Date(s) and Location(s) of educational training:

From	To	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Fee to be charged: $_____ Fee includes: _____

7. What best identifies the educational experience?

   Lecture Conference Forum Workshop Home Study Distance Learning

   Other: _____

8. Provide the name of attendance officer, the method of certifying/assuring attendance, and who maintains original attendance records for verification? _____

Attach a copy of the attendance certificate that will be provided to each attendee upon completion of the training. (The licensee is required to maintain proof of attendance.)

9. Is an examination part of the course? ☐ Yes ☐ No
If Yes, attach a description of the process.

10. Is a course evaluation form provided to attendees? ☐ Yes ☐ No
If Yes, attach a copy of the form.

11. Has this course been approved for continuing education credit by any local, state, or national entity? ☐ Yes ☐ No

If Yes, enter name of approving entity(ies) and attach a copy of the approval document(s):

_____

12. Attach a copy of all training materials and a list of any equipment to be used.

13. Are any promotional materials or advertisements being used? ☐ Yes ☐ No
If Yes, attach one copy of each. (Final drafts are acceptable.)

14. Does this course either promote a product or apparatus or offer a product or apparatus to those attending? ☐ Yes ☐ No
If Yes, attach an explanation and picture of the product or apparatus.
Such a product or apparatus must be disclosed in any promotional or advertising materials.

COURSE ADDENDUM

15. An instructor resume' and course agenda must be submitted for each instructor and course listed below:

Instructor Name	**Course Title**	**CEU's/Hours Credited**

(If you need additional space for more courses, please attach a separate listing of the requested information.)

16. Complete the following Course Program Agenda by listing the exact hours per day each course is scheduled to run and the content of each hour. Show hours in full hours or by 15-minute increments.

Hour	**Content of education (lecture, discussion, questions/answers, hands-on practice, etc.)**
Examples:	
8:00	Discussion of the theory of the modality
9:00	Review of the anatomy and kinesiology of the muscles of the neck
____:____	_____
____:____	_____
____:____	_____
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____:____	_____

(If you need additional space for more hours, please attach a separate listing of the requested information.)

17. Upon completion, this application must be **printed in hard copy, signed, and notarized**. Submit the completed application together with all of the requested supporting documentation to the Bureau of Occupational Licenses at the address noted.

CHECKLIST FOR ATTACHMENTS

Please keep a copy of your materials. Original materials submitted will not be returned.

_____ #8. Copy of the certificate issued upon completion of the training
_____ #9. Copy of a description of the examination process (if applicable)
_____ #10. Copy of the course evaluation form (if applicable)
_____ #11. Copy of approval document(s) from other local, state, or national entities (if applicable)
_____ #12. Copy of all training materials
_____ #12. List of equipment to be used
_____ #13. Copy of any promotional materials or advertisements being used
_____ #14. Explanation and picture of product or apparatus promoted (if applicable)
_____ #15. Resume' listing the instructor's credentials, affiliations, and qualifications for teaching the course
(An instructor resume' and course agenda must be submitted for each instructor and course listed.)
_____ #16. Course agenda by the hour
_____ #17. Notarized application form

CONTINUING EDUCATION APPROVAL APPLICATION AFFIDAVIT

I hereby certify that all information listed on this application and on the attached materials is true and correct; that the proposed training is described accurately and completely; and that nothing has been omitted. I understand that the Board may request additional information and may delay or deny this application should requested information not be received.

Printed Name: _____

Title: _____

Signature: _____

State of _____, County of _____

Subscribed and sworn before me this _____ day of _____, 20____.

(seal)

_____
Notary Public Official Signature
My Commission Expires _____