



# CE REGISTRATION FORM

Ohio State Chiropractic Board

Fax: 614-752-2539

Email: [oscb.chirobd@chr.state.oh.us](mailto:oscb.chirobd@chr.state.oh.us)

*(Please type or print legibly.)*

\*Sponsor: \_\_\_\_\_

\*Only in-state programs sponsored by Board-Approved CE Sponsors may be registered.

Program to be posted on:

- Chiropractic CE List
- Acupuncture CE List
- Both - explain why the program applies to both professions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are Ethics/Professionalism hours included?  Yes  No

*If yes, please answer the following:*

Hours: \_\_\_\_\_ Topic(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title of Program: \_\_\_\_\_

Date(s) Offered: \_\_\_\_\_ Hours: \_\_\_\_\_

Instructor(s): \_\_\_\_\_

Location (City): \_\_\_\_\_

Contact information to be posted on Board website:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**As a Board-Approved CE Sponsor you must ensure that this program complies with the requirements outlined in Board Rule 4734-7-02.**