

**CANCELED**  
**NOTICE OF TELECONFERENCE**

**LICENSING & CONTINUING EDUCATION COMMITTEE MEETING**

**May 22, 2018**

**12:00 p.m. – 2:00 p.m. or until completion of business**

One or more Committee Members will participate in this meeting at the teleconference sites listed below. Each teleconference location is accessible to the public and the public will be given an opportunity to address the Licensing, Continuing Education and Public Relations Committee at each teleconference location. The public teleconference sites for this meeting are as follows:

**Teleconference Meeting Locations:**

901 P Street, Suite 142A  
Sacramento, CA 95814  
(Board Staff)

Dionne McClain, D.C.  
6360 Wilshire Blvd., #410  
Los Angeles, CA 90048  
(323) 653-1014

Heather Dehn, D.C.  
4616 El Camino Ave., #B  
Sacramento, CA 95821  
(916) 488-0202

**AGENDA**

- 1. Call to Order & Establishment of a Quorum**
- 2. Approval of October 6, 2017 Committee Meeting Minutes**
- 3. Review and Discussion of Strategic Plan Goal 1**
- 4. Review and Discussion of Pending CE Provider applications; Possible Recommendation to the Full Board**
- 5. Review and Discussion on Possible Revisions to Sections 360-366 of Title 16 of the California Code of Regulations Regarding Continuing Education; Possible Recommendation to the Full Board**
- 6. Review and Discussion on Possible Revisions to Sections 330-331.15 of the California Code of Regulations Regarding Curriculum; Possible Recommendation to the Full Board**
- 7. Public Comment on Items Not on the Agenda**  
*Note: The Committee may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a).] Public comment is encouraged; however, if time constraints mandate, comments may be limited at the discretion of the Chair.*
- 8. Future Agenda Items**  
*Note: The Committee may not discuss or take action on any matter raised during this future agenda*

*Items section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125.]*

## 9. Adjournment

### **LICENSING & CONTINUING EDUCATION COMMITTEE**

Dionne McClain., D.C.  
Julie Elginer, Dr. PH  
Heather Dehn, D.C.

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Meetings of the Board of Chiropractic Examiners' Committee are open to the public except when specifically noticed otherwise in accordance with the Open Meeting Act. Public comments will be taken on agenda items at the time the specific item is raised. The Board's Committee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-5355 or access the Board's Web Site at [www.chiro.ca.gov](http://www.chiro.ca.gov).

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The meeting facilities are accessible to individuals with physical disabilities. A person who needs a disability-related accommodation or modification to participate in the meeting may make a request by contacting the Board at (916) 263-5355 or e-mail [chiroinfo@dca.ca.gov](mailto:chiroinfo@dca.ca.gov) or send a written request to the Board of Chiropractic Examiners, 901 P Street, Suite 142A, Sacramento, CA 95814. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.

**Board of Chiropractic Examiners  
TELECONFERENCE MEETING MINUTES  
Licensing, Continuing Education & Public Relations Committee  
October 6, 2017  
901 P Street, Suite 142A  
Sacramento, CA 95814**

Teleconference Meeting Locations:

Board of Chiropractic Examiners 901 P Street, Ste 142A Sacramento, CA 95814 (916) 263-5355	Dionne McClain, DC 6360 Wilshire Blvd., Ste 410 Los Angeles, CA 90048 (323) 653-1014	Julie Elginer, Dr. PH Agoura Hills Library 29901 Ladyface Circle Agoura Hills, CA 91301 (818) 889-2278	Heather Dehn, D.C. 4616 El Camino Ave., #B Sacramento, CA 95821 (946) 488-0202
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**Committee Members Present**

Dionne McClain, D.C., Chair  
Julie Elginer, Dr. PH  
Heather Dehn, D.C.

**Staff Present**

Robert Puleo, Executive Officer  
Dixie Van Allen, Staff Services Manager  
Marcus McCarther, Associate Governmental Program Analyst  
Andreia McMillen, Staff Services Analyst

**Call to Order**

Dr. McClain called the meeting to order at 11:06 a.m.

**Roll Call**

Dr. McClain called roll. All Committee members were present at the locations specified on the Agenda, except Dr Dehn, who joined the meeting during discussion of agenda item #3.

**Approval of Minutes**

**MOTION: DR. MCCLAIN MOVED TO APPROVE THE MINUTES OF THE MAY 1, 2017 LICENSING & CONTINUING EDUCATION COMMITTEE MEETING**  
**SECOND: DR. ELGINER SECONDED THE MOTION**  
**VOTE: 2-0 (DR. MCCLAIN- AYE, DR. ELGINER – AYE)**  
**MOTION CARRIED**

## **Discuss Advancements in Chiropractic Training, Education, and Regulation (Strategic Plan Goal 1.1)**

Dr. McClain explained Strategic Plan Goal 1.1 and presented the following topics for discussion:

- Opportunities for improvement in licensing standards, professional conduct and requirements for continuing education. (e.g. Bachelor's requirement, CCAT, Minimum GPA, Ethics and Boundaries Training)
- Advancements in Chiropractic Education/Training
- Research regarding chiropractic college enrollment and attrition rates, NBCE passage rates.
- Optimal CE requirements (hours/content)
- Chiropractic population in each state
- Emerging Issues

Dr. Craig Little, D.C., President/CEO, Council on Chiropractic Education (CCE), gave a PowerPoint presentation on CCE's role of accreditation and entrance requirements for chiropractic colleges. There are two levels of criterion for students to enter chiropractic college:

1. Policy 7 – Students must complete the equivalent of 3 academic years of undergraduate study (90 semester hours) with a GPA not less than 3.0 on a 4.0 scale, and the 90 semester hours must include a minimum of 24 semester hours in life and physical science courses).
2. Alternative Admissions Track Plan (AATP) - Students must have completed a minimum of 90 semester hours and/or have a minimum GPA of 2.7 on a 4.0 scale for the 90 semester hours, be provided with academic support services to optimize their success in the program, and their school shall have policies and procedures in place that dictate active interventions based upon student needs.

Dr. Elginer inquired about the percentage of students admitted under the AATP criterion and whether there was a cap on the number of students who can be admitted.

Dr. Little clarified that there is no cap on the number of students who can be admitted into chiropractic colleges under the AATP criterion. He further clarified that data has not shown a marked difference in attrition or NBCE scores between students from either track.

Dr. Jonathon Egan, D.C., Dean, Los Angeles College of Chiropractic, shared that approximately 25% of their students who sat for the NBCE exam in September are on the alternative track. Their AATP students typically show a lower score on Part 1, but they perform as well and sometimes better on the full licensure exam than the Policy 7 students at the end of the program.

Dr. Elginer inquired about contributing factors to the success of the AATP students (i.e. which interventions or services) and whether there were data collection requirements set for schools that admit AATP students.

Dr. Little advised that the CCE is collecting data on AATP students. The standards changed in 2013 and CCE is now receiving data on the first group of AATP students who have been

cycled through the program. He expects that within a year, CCE will have more data to share with licensing boards.

David O'Bryon, President, Association of Chiropractic Colleges, stated that schools are required to post academic success rates.

Dr. Dehn inquired about whether entrance examinations were a requirement of the schools or the CCE.

Dr. Little explained that the CCE does not require schools to utilize an entrance examination, and there are currently no CCE approved schools which use an entrance exam.

Dr. Egan stated that the Learning and Study Strategies Inventory (LASSI) was recently eliminated as a requirement for entrance into LACC because data did not show a marked difference in student success in the program.

Dr. Kirk Shilts, D.C., Vice President, Federation of Chiropractic Licensing Boards (FCLB) added that the Chiropractic College Admission Test (CCAT) is equivalent to the (Medical College Admission Test (MCAT). Chiropractic colleges aren't using the CCAT because enrollment numbers in schools have decreased; therefore, this filtering tool is unnecessary.

Dr. Elginer shared that the public may be concerned that doctors of chiropractic do not have an entrance exam requirement.

Dr. Little explained that the end product and competency level of students are more important than entrance requirements.

Dr. Shilts offered to entertain this discussion on a larger level at a future FCLB meeting.

Dr. McClain inquired about whether other states require a Bachelor's requirements for entrance into chiropractic college.

Dr. Little stated that currently Florida requires a Bachelor's degree.

Mr. O'Bryon shared that the ACC supports the CCE accreditation process because it is outcome driven. He further added that granular requirements in California regulations inhibit innovation in teaching.

Dr. Egan shared that differences in each state's curriculum requirements present challenges in teaching at schools and LACC is in support of CCE's standards.

Dr. Dehn assured Dr. Egan that the Board is aware of issues with current curriculum requirements in regulation and she has reached out to schools to assist the Board in amending the regulations.

Dr. Little added that the granular requirements in regulations are not meaningful. They are burdensome to colleges and, as a result, costly to students.

Mr. Puleo shared that the Board has experienced a decrease in the licensing population in California and inquired about some insight on whether this is happening in other states as well as what may be contributing factors to this phenomenon.

**Review and Discussion on Possible Revisions to Sections 360-366 of Title 16 of the California Code of Regulations Regarding Continuing Education; Possible Recommendation to the Full Board**

Dr. Shilts recommended that California can improve their licensing population by endorsing the PACE program which would accredit CE providers all over the nation, thereby, allowing licensees with licenses in various states to complete their CE requirements somewhere other than in California.

Dr. Dehn advised that the Board has considered including PACE in its amended CE requirements, but the rulemaking process is lengthy and many changes need to be made to overhaul existing CE regulations before this can be implemented.

Mr. Puleo added that the Board must also consider restraint of trade when considering who to approve as CE providers.

Ms. Isenberg shared that in addition to PACE, 24 states accept CE from CCE accredited colleges and exempt the colleges from being approved as a CE provider. She further added that Arizona does not provide a blanket exemption to colleges to provide CE.

Dr. Egan inquired about why a greater proportion of CE hours can't be taken online.

Mr. Puleo shared that the Board is concerned about the quality and security of online courses and will be researching areas to improve the integrity of these courses.

Dr. Egan added that the FCLB will be assembling a task force for developing security standards for online education, which the PACE program will adopt thereafter.

Dr. McClain assured participants that the Board is aware of problematic regulations and is actively working to alleviate these issues through regulatory amendments.

Ms. Isenberg shared that among CE colleagues, Arizona is considered the most arduous and complex application process to go through and urged the Board to not adopt their regulations in their entirety.

Mr. Puleo assured Ms. Isenberg that the Board will not be adopting Arizona's regulations in their entirety.

Ms. Isenberg inquired about whether the chiropractic population is shrinking in other states.

Mr. O'Bryon shared that granular requirements in curriculum requirements increase the cost of chiropractic education and the starting pay for chiropractors in comparison to other health care professions may be a deterrent to people entering the chiropractic profession.

Mr. Puleo inquired about whether anyone at the national level has collected data on why enrollment in chiropractic college is down.

Mr. O'Bryon shared that the ACC is working with FCLB in conducting a lifestyle survey which will provide insight into what draws people into the chiropractic profession. The last survey was conducted in 1999.

Dr. Little added that regulations dictating student faculty ratios, interview requirements, granular hour requirements, and course hour requirements in specific sciences limit a school's ability on how they can provide chiropractic education and their ability to reduce the cost of chiropractic education.

Dr. Dehn shared that California chiropractic colleges have been asked to help draft revised curriculum requirements.

Mr. Puleo added that the Board would appreciate model language ideas and participation by any others during the Board's curriculum revision process.

**Public Comment**

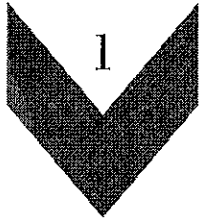
No public comment.

**Future Agenda Items**

None

**Adjournment**

Dr. McClain adjourned the meeting at 12:57 p.m.



# Licensing and Professional Qualification

*Ensure the continuous competency of all Doctors of Chiropractic by promoting licensing standards, professional conduct and requirements for continuing education.*

- 1.1 Interface with the Council on Chiropractic Education in order to explore the possibility of revising entrance requirements at chiropractic colleges to enhance the quality and caliber of graduates.

<b>Objective Measurement</b>				
A determination of the path to take is made.				
<b>Action Item</b>	<b>Responsible Party</b>	<b>Initiation Date</b>	<b>Proposed Completion Date</b>	<b>Completion Date</b>
1.1.1 Discuss objective scope with licensing committee at next meeting.	EO and Licensing Committee			Q1 2017
1.1.2 Invite CCE representative to participate in a licensing committee meeting to discuss possibility of enhancing entrance requirement.	EO and Licensing Committee		Q4 2017	
1.1.3 Depending on results of CCE meeting, partner with SOLID to possibly convene a task force to discuss entrance requirements (FCLB, CCE, CCA, ACA).	EO and Licensing Committee	Q4 2017	TBD	
1.1.4 Determine if there is data to share with Board regarding national discussion.	EO and Licensing Committee	Q4 2017	Q2 2018	



- 1.2 Establish approval standards for continuing education providers to enhance the quality of education being provided.

<b>Objective Measurement</b>				
Regulations are in place.				
<b>Action Item</b>	<b>Responsible Party</b>	<b>Initiation Date</b>	<b>Proposed Completion Date</b>	<b>Completion Date</b>
1.2.1 Convene two focus groups (North and South) to gather information from stakeholders regarding potential standards.	Licensing Manger			Q1 2016
1.2.2 Licensing Committee determines final regulatory language regarding approval standards.	Licensing Committee		Q4 2018	
1.2.3 Prepare regulatory package	Policy Analyst	Q4 2018		

- 1.3 Develop and implement an auditing process for continuing education courses to confirm compliance with requirements and conduct quality control of the courses.

<b>Objective Measurement</b>				
Developed auditing mechanism to maintain quality of CE courses and integrity of the CE process.				
<b>Action Item</b>	<b>Responsible Party</b>	<b>Initiation Date</b>	<b>Proposed Completion Date</b>	<b>Completion Date</b>
1.3.1 Review regulations to determine criteria for course content.	CE Manager		TBD	
1.3.2 Develop an auditing form/checklist for CE courses.	CE Manager	Q2 2018		
1.3.3 Provide a quarterly list of new CE providers and dates for upcoming courses to the Licensing, Continuing Education, & Public Relations Committee.	CE Manager			Q3 2017 (Quarterly)
1.3.4 The Licensing, Continuing Education, & Public Relations Committee assigns auditors to attend CE courses and audit providers.	CE Manager		TBD	

1.3.5 Submit audit forms to the CE Manager and take action as appropriate.	CE Manager		TBD	
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1.4 Research and implement possible technological solution(s) that address Stakeholders' current inability to utilize online services in order to enhance efficiency and convenience of Board services.

<b>Objective Measurement</b>				
Successful online services provided to Stakeholders.				
<b>Action Item</b>	<b>Responsible Party</b>	<b>Initiation Date</b>	<b>Proposed Completion Date</b>	<b>Completion Date</b>
1.4.1 Meet with DCA OIS to discuss the current IT system and possible alternatives.	EO			Q3 2016
1.4.2 Partner with SOLID to map licensing and enforcement processes to determine business needs.	AEO		Q2 2017	Q1 2018
1.4.3 Provide DCA OIS with assessment and obtain recommendations for possible IT options.	AEO and Management Team		TBD	
1.4.4 If determination is made that BreEZe meets business needs work with OIS to implement BreEZe.	AEO and Management Team		TBD	
1.4.5 If determination is made that BreEZe does not meet business needs work with OIS to implement alternative.	AEO and Management Team		TBD	

- 1.5 Continue to explore updating chiropractic college curriculum requirements to better align them with contemporary health care education.

<b>Objective Measurement</b>				
New regulations implemented regarding curriculum requirements.				
<b>Action Item</b>	<b>Responsible Party</b>	<b>Initiation Date</b>	<b>Proposed Completion Date</b>	<b>Completion Date</b>
1.5.1 Ask California Chiropractic colleges to recommend necessary and preferred changes to BCE curriculum regulations.	Licensing Committee Chair		Q2 2017	Q1 2018
1. 5.2 Bring recommended regulatory language to Licensing Committee to make a determination.	Chiropractic College Representatives		TBD	
1. 5.3 Licensing Committee makes recommendation to full Board.	Licensing Committee Chair		TBD	
1.5.4 Regulatory process begins.	Policy Analyst		TBD	

- 1.6 Develop and implement a new continuing education course regarding BCE laws.

<b>Objective Measurement</b>				
New regulation in place regarding the "Top Ten Violations".				
<b>Action Item</b>	<b>Responsible Party</b>	<b>Initiation Date</b>	<b>Proposed Completion Date</b>	<b>Completion Date</b>
1.6.1 Collect data on enforcement statistics for recently licensed chiropractors and determine trends.	Enforcement Manager		Q1 2018	
1.6.2 Identify the top ten most common violations.	Enforcement Manager		Q2 2018	
1.6.3 Present trends to licensing committee for their review.	Enforcement Manager		Q3 2018	
1.6.4 Licensing Committee makes recommendation to full Board. Note: incorporate with 1.2 regulation package.	Licensing Committee		Q4 2017	

1.6.5 Create a regulation to require CE providers to incorporate the top ten violations in ethics and law course. Note: incorporate with 1.2 regulation package.	Policy Analyst		TBD	
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- 1.7 Evaluate and make a determination about amending the Chiropractic Practice Act to affirm that the Board's mandate maintains consistency with contemporary practice.

<b>Objective Measurement</b>				
Determination is made regarding the direction to take in dealing with the practice act.				
<b>Action Item</b>	<b>Responsible Party</b>	<b>Initiation Date</b>	<b>Proposed Completion Date</b>	<b>Completion Date</b>
1.7.1 Partner with SOLID to convene stakeholder focus groups to discuss the direction of the profession.	AEO		Q3 2018	
1.7.2 Determine if consensus is met among stakeholders.	EO and Board Chair		Q3 2018	
1.7.3 Determine whether amending the practice act is necessary to achieve goals.	EO and Board Chair		Q4 2018	
1.7.4 Board to make determination regarding further action.	Board Members		Q4 2018	



State of California BOARD OF  
 Education CHIROPRACTIC EXAMINERS

2018 MAY -3 PM 1:21

## CONTINUING EDUCATION PROVIDER APPLICATION

**ALL** questions on this application must be answered. **New CE Provider Applications** - Submit a complete application package including one original application with the application fee of \$75.00. **CE Provider Biennial Renewal Reapplication** - Submit a complete application package including one original application with the application fee of \$50.00. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. The Board will not process incomplete applications nor applications that do not include the correct application fee. Provider approval shall expire two years following the approval date.

**FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL**

Please check the appropriate box:

**New CE Provider Application - \$75**     **CE Provider Biennial Renewal Reapplication - \$50**

Provider's Name: <b>QNRT® Professional Asscoiation</b>		
Street Address: <b>930 Holcomb Bridge Rd.</b>		
City: <b>Roswell</b>	State: <b>GA</b>	Zip Code: <b>30076</b>
CE Oversight Contact Person: <b>Theresa Turner</b>	Telephone Numbers: Residence: <b>(770) 993 7512</b> Business: <b>(770) 993 7330</b>	Email Address: <b>theresa@drjohnturner.cc</b>

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion) <b>Dr. John Turner, DC</b>
----------------------------------------------------------------------------------------------------------------------------------------------------

**Provider Status**

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Health Facility	<input type="checkbox"/> University/College
<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Professional Association	<input type="checkbox"/> Government Agency	

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(Rev. 02/10)

T (916) 263-5355	Board of Chiropractic Examiners
F (916) 327-0039	901 P Street, Suite 142A
TT/TDD (800) 735-2929	Sacramento, California 95814
Consumer Complaint Hotline (866) 543-1311	<a href="http://www.chiro.ca.gov">www.chiro.ca.gov</a>



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**FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL**

Please check the appropriate box:

**New CE Provider Application - \$75**     **CE Provider Biennial Renewal Reapplication - \$50**

Provider's Name: Jeffrey A Finnigan

Street Address <u>65923 Bearing Dr</u>		
City <u>Bend</u>	State <u>OR</u>	Zip Code <u>97701</u>
CE Oversight Contact Person: <u>Same</u>	Telephone Numbers: Residence: <u>(360) 970-8300</u> Business: <u>( )</u>	Email Address <u>Drfinn@Bendbroadband.com</u>

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion)  
Jeffrey Finnigan

**Provider Status**

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Health Facility	<input type="checkbox"/> University/College
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Government Agency	

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(Rev. 02/10)

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BOARD OF CHIROPRACTIC EXAMINERS



State of California
Edmund G. Brown Jr., Governor

2018 MAR 27 PM 5:21

CONTINUING EDUCATION PROVIDER APPLICATION

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FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL

Please check the appropriate box:

[X] New CE Provider Application - \$75 [ ] CE Provider Biennial Renewal Reapplication - \$50

Provider's Name: DJO, llc

Street Address: 1430 Decision St
City: Vista State: CA Zip Code: 92081
CE Oversight Contact Person: Kraig Beebe Telephone Numbers: Residence: ( ) Business: (602) 819-4600 Email Address: kraig.beebe@djoglobal.c

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion) Kraig Beebe

Provider Status

[ ] Individual [X] Corporation [ ] Health Facility [ ] University/College
[ ] Partnership [ ] Professional Association [ ] Government Agency

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2018 MAR 26 PM 1:55

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**FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL**

Please check the appropriate box:

**New CE Provider Application - \$75**     **CE Provider Biennial Renewal Reapplication - \$50**

Provider's Name: Nevada Chiropractic Council

Street Address 500 South Rancho Drive Suite #9		
City Las Vegas	State NV	Zip Code 89106
CE Oversight Contact Person: Andrea Waller	Telephone Numbers: Residence: (702) 810-9703 Business: (702) 810-9703	Email Address: andrea@andrewallerstudio.com

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion)  
Dr. Stephanie Youngblood

**Provider Status**

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Health Facility	<input type="checkbox"/> University/College
<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Professional Association	<input type="checkbox"/> Government Agency	

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(Rev. 02/10)

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## CONTINUING EDUCATION PROVIDER APPLICATION

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**FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL**

Please check the appropriate box:

New CE Provider Application - \$75     CE Provider Biennial Renewal Reapplication - \$50

Provider's Name:	TTAPS		
------------------	-------	--	--

Street Address				5435 N. Garland Ave, Suite 140-101			
City		Garland		State		TX	
Zip Code		75040					
CE Oversight Contact Person:		Alan Bonebrake, DC		Telephone Numbers:		Residence: (469) 268-2944 Business: (469) 995-9907	
Email Address				drbbrk@hotmail.com			

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion)	Alan Bonebrake, DC
----------------------------------------------------------------------------------------------------------------------	--------------------

### Provider Status

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Health Facility	<input type="checkbox"/> University/College
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Government Agency	

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(Rev. 02/10)

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## CONTINUING EDUCATION PROVIDER APPLICATION

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Please check the appropriate box:

**New CE Provider Application - \$75**     **CE Provider Biennial Renewal Reapplication - \$50**

Provider's Name:	Russell Whitten DC
------------------	--------------------

Street Address			1235 Coast Village Rd. # I		
City	Santa Barbara	State	CA	Zip Code	93108
CE Oversight Contact Person:	Telephone Numbers:	Email Address			
Melissa Aguayo	Residence: ( ) Business: (805) 637-5650	Q chiro1@aol.com			

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion)	Melissa Aguayo
----------------------------------------------------------------------------------------------------------------------	----------------

**Provider Status**

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Health Facility	<input type="checkbox"/> University/College
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Government Agency	

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Receipt No. _____	Date cashiered	MAR 13 2018    \$75

000379252

(Rev. 02/10)



CHIROPRACTIC EXAMINERS



State of California  
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2016 MAR -5 PM 4:59

# CONTINUING EDUCATION PROVIDER APPLICATION

ALL questions on this application must be answered. **New CE Provider Applications** - Submit a complete application package including one original application with the application fee of \$75.00. **CE Provider Biennial Renewal Reapplication** - Submit a complete application package including one original application with the application fee of \$50.00. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. The Board will not process incomplete applications nor applications that do not include the correct application fee. Provider approval shall expire two years following the approval date.

**FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL**

Please check the appropriate box:

**New CE Provider Application - \$75**       **CE Provider Biennial Renewal Reapplication - \$50**

Provider's Name: <b>Dr. Calvin B. Ross</b>			
Street Address <b>31882 Del Obispo Street # 158</b>			
City <b>San Juan Capistrano</b>	State <b>CA</b>	Zip Code <b>92675</b>	
CE Oversight Contact Person:	Telephone Numbers: Residence: <b>(949) 661-9476</b> Business: <b>(949) 661-9476</b>	Email Address <b>drross@drrossdc.occoxn</b>	

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion)  
**Dr. Ross**

### Provider Status

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Health Facility	<input type="checkbox"/> University/College
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Government Agency	

Office Use Only	
Receipt No. _____	Date cashiered <b>MAR 06 2016 \$50</b>

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000378952



BOARD OF  
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2018 FEB 21 PM 2:16

## CONTINUING EDUCATION PROVIDER APPLICATION

ALL questions on this application must be answered. **New CE Provider Applications** - Submit a complete application package including one original application with the application fee of \$75.00. **CE Provider Biennial Renewal Reapplication** - Submit a complete application package including one original application with the application fee of \$50.00. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. The Board will not process incomplete applications nor applications that do not include the correct application fee. Provider approval shall expire two years following the approval date.

**FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL**

Please check the appropriate box:

**New CE Provider Application - \$75**     **CE Provider Biennial Renewal Reapplication - \$50**

Provider's Name: Aspine Health Group Inc.
----------------------------------------------

Street Address 219 Entrada Plz		
City Union City	State CA	Zip Code 94587
CE Oversight Contact Person: Juan J. Villa, DC	Telephone Numbers: Residence: (760) 222-2277 Business: (760) 457-8727	Email Address aspinehealth@gmail.com

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion) Georgina Villa Escobedo, DC
-----------------------------------------------------------------------------------------------------------------------------------------------------

### Provider Status

<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Health Facility	<input type="checkbox"/> University/College
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Government Agency	

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Receipt No. _____	Date cashiered <u>FEB 21 2018</u> \$75

(Rev. 02/10)

000378261



State of California  
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BOARD OF  
CHIROPRACTIC EXAMINERS

2017 OCT -6 PM 2: 15

# CONTINUING EDUCATION PROVIDER APPLICATION

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**FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL**

**MAL**

Please check the appropriate box:

- New CE Provider Application - \$75
- CE Provider Biennial Renewal Reapplication - \$50

Provider's Name: Michelle A. Largent, DC

Street Address 1350 E. 9th St, Ste 190

City <u>Chico</u>	State <u>CA</u>	Zip Code <u>95928</u>
-------------------	-----------------	-----------------------

CE Oversight Contact Person: <u>Michelle Largent DC</u>	Telephone Numbers: Residence: <u>(530) 228-1225</u> Business: <u>(530) 496-1457</u>	Email Address: <u>dr.michelle@chicospineandwellness.com</u>
------------------------------------------------------------	-------------------------------------------------------------------------------------------	----------------------------------------------------------------

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion)  
Michelle Largent DC

### Provider Status

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Health Facility	<input type="checkbox"/> University/College
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Government Agency	

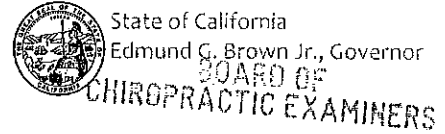
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000369972



2017 OCT 10 PM 4:39

# CONTINUING EDUCATION PROVIDER APPLICATION

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**FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL**

MJH

Please check the appropriate box:

- New CE Provider Application - \$75
- CE Provider Biennial Renewal Reapplication - \$50

Provider's Name:	Michael J Hollis BSc ND
------------------	-------------------------

Street Address 361 Hospital Rd #428		
City Newport Beach	State CA	Zip Code 92663
CE Oversight Contact Person: Michael J Hollis	Telephone Numbers: Residence: ( ) 949-870-2074 Business: ( ) 949-465-0770	Email Address drhollis@linkmedicalcenter.com

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion) CERYL STEWART
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<b>Provider Status</b>			
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Health Facility	<input type="checkbox"/> University/College
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Government Agency	

Office Use Only	
Receipt No. _____	Date cashiered <u>OCT 11 2017</u> \$ <u>75</u>

000370092

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2017 OCT 18 PM 3:22

## CONTINUING EDUCATION PROVIDER APPLICATION

ALL questions on this application must be answered. **New CE Provider Applications** - Submit a complete application package including one original application with the application fee of \$75.00. **CE Provider Biennial Renewal Reapplication** - Submit a complete application package including one original application with the application fee of \$50.00. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. The Board will not process incomplete applications nor applications that do not include the correct application fee. Provider approval shall expire two years following the approval date.

**FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL**

Please check the appropriate box:

**New CE Provider Application - \$75**     **CE Provider Biennial Renewal Reapplication - \$50**

Provider's Name: Jonathan Brand
------------------------------------

Street Address 1777 Botelho Drive, Suite 220		
City Walnut Creek	State CA	Zip Code 94596
CE Oversight Contact Person: Jonathan Brand	Telephone Numbers: Residence: (925) 286-1450 Business: (925) 295-1670	Email Address mailbox5@jb-law.com

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion) Jonathan Brand
----------------------------------------------------------------------------------------------------------------------------------------

### Provider Status

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Health Facility	<input type="checkbox"/> University/College
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Government Agency	

Office Use Only	
Receipt No. _____	Date cashiered <u>OCT 18 2017</u> \$75

(Rev. 02/10)

000370663

2017 OCT 27 PM 5:04

## CONTINUING EDUCATION PROVIDER APPLICATION

**ALL** questions on this application must be answered. **New CE Provider Applications** - Submit a complete application package including one original application with the application fee of \$75.00. **CE Provider Biennial Renewal Reapplication** - Submit a complete application package including one original application with the application fee of \$50.00. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. The Board will not process incomplete applications nor applications that do not include the correct application fee. Provider approval shall expire two years following the approval date.

**FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL**

*SL*

Please check the appropriate box:

- New CE Provider Application - \$75       CE Provider Biennial Renewal Reapplication - \$50

Provider's Name: Stephanie Libs, DC

Street Address <u>4535 Fanuel Street</u>		
City <u>San Diego</u>	State <u>Ca</u>	Zip Code <u>92109</u>
CE Oversight Contact Person: <u>Stephanie Libs, DC</u>	Telephone Numbers: Residence: <u>(619) 339-2599</u> Business: <u>(619) 374-8444</u>	Email Address <u>drsteph@cafeoflifesan</u> <i>diego.com</i>

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion)  
Stephanie Libs, DC

**Provider Status**

<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Health Facility	<input type="checkbox"/> University/College
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Government Agency	

Office Use Only	
Receipt No. <u>OCT 30 2017</u>	Date cashiered <u>\$75</u>

(Rev. 02/10)

000371222





2017 NOV 13 PM 4:18

## CONTINUING EDUCATION PROVIDER APPLICATION

ALL questions on this application must be answered. **New CE Provider Applications** - Submit a complete application package including one original application with the application fee of \$75.00. **CE Provider Biennial Renewal Reapplication** - Submit a complete application package including one original application with the application fee of \$50.00. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. The Board will not process incomplete applications nor applications that do not include the correct application fee. Provider approval shall expire two years following the approval date.

**FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL**

**DE**

Please check the appropriate box:

**New CE Provider Application - \$75**     **CE Provider Biennial Renewal Reapplication - \$50**

Provider's Name: David Goldeen

Street Address: 791 Price St

City: Pismo Beach    State: CA    Zip Code: 93449

CE Oversight Contact Person: <u>David Goldeen</u>	Telephone Numbers: Residence: <u>(805) 801-7128</u> Business:	Email Address: <u>goldeenmfr@me.com</u>
------------------------------------------------------	---------------------------------------------------------------------	--------------------------------------------

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion)  
David Goldeen

**Provider Status**

Individual     Corporation     Health Facility     University/College  
 Partnership     Professional Association     Government Agency

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Receipt No. _____	Date cashiered <u>NOV 14 2017</u>	<u>\$75</u>

(Rev. 02/10)

000372067



BOARD OF CHIROPRACTIC EXAMINERS



State of California  
Edmund G. Brown Jr., Governor

2017 NOV 20 PM 2:02

# CONTINUING EDUCATION PROVIDER APPLICATION

ALL questions on this application must be answered. **New CE Provider Applications** - Submit a complete application package including one original application with the application fee of \$75.00. **CE Provider Biennial Renewal Reapplication** - Submit a complete application package including one original application with the application fee of \$50.00. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. The Board will not process incomplete applications nor applications that do not include the correct application fee. Provider approval shall expire two years following the approval date.

**FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL**

Please check the appropriate box:

**New CE Provider Application - \$75**     **CE Provider Biennial Renewal Reapplication - \$50**

Provider's Name: Dirk A Farrell, DC

Street Address 6217 Roosevelt Way NE		
City Seattle	State WA	Zip Code 98115
CE Oversight Contact Person: Linda Stanton	Telephone Numbers: Residence: ( ) Business: (203)683-4865	Email Address Isindastanton@gmail.co

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion)  
Jesse Jutkowitz

### Provider Status

<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Health Facility	<input type="checkbox"/> University/College
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Government Agency	

Office Use Only	
Receipt No. _____	Date cashiered <u>NOV 21 2017</u> \$ <u>75</u>

(Rev. 02/10)

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 Consumer Complaint Hotline    www.chiro.ca.gov  
 (866) 543-1311

000372580

2017 DEC -6 PM 3: 35

## CONTINUING EDUCATION PROVIDER APPLICATION

ALL questions on this application must be answered. **New CE Provider Applications** - Submit a complete application package including one original application with the application fee of \$75.00. **CE Provider Biennial Renewal Reapplication** - Submit a complete application package including one original application with the application fee of \$50.00. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. The Board will not process incomplete applications nor applications that do not include the correct application fee. Provider approval shall expire two years following the approval date.

**FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL**

Please check the appropriate box:

**New CE Provider Application - \$75**       **CE Provider Biennial Renewal Reapplication - \$50**

Provider's Name: **Barbara Berkeley D.C.**

Street Address <b>3340A 18th Street</b>		
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94110</b>
CE Oversight Contact Person: <b>Barbara Berkeley</b>	Telephone Numbers: Residence: <b>(415) 9871073</b> Business: <b>(415) 285 2500</b>	Email Address <b>barbara@barbaraberkele</b>

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion)  
**Barbara Berkeley**

### Provider Status

Individual       Corporation       Health Facility       University/College  
 Partnership       Professional Association       Government Agency

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F (916) 327-0039  
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Consumer Complaint Hotline  
(866) 543-1311

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Sacramento, California 95814  
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000373396

2017 DEC 19 AM 10:12

## CONTINUING EDUCATION PROVIDER APPLICATION

ALL questions on this application must be answered. **New CE Provider Applications** - Submit a complete application package including one original application with the application fee of \$75.00. **CE Provider Biennial Renewal Reapplication** - Submit a complete application package including one original application with the application fee of \$50.00. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. The Board will not process incomplete applications nor applications that do not include the correct application fee. Provider approval shall expire two years following the approval date.

**FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL**

Please check the appropriate box:

**New CE Provider Application - \$75**     **CE Provider Biennial Renewal Reapplication - \$50**

Provider's Name: **JPA** Jess P. Armine, DC

Street Address **515 Naylors Run Rd**

City **Havertown**

State **PA**

Zip Code **19083**

CE Oversight Contact Person:  
**Dr. Armine**

Telephone Numbers:  
Residence: **(610) 256 1763**  
Business: **(610) 449 9716**

Email Address  
**jess@drjessarmine.com**

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion)  
**Dr. Jess P. Armine**

### Provider Status

Individual     Corporation     Health Facility     University/College  
 Partnership     Professional Association     Government Agency

### Office Use Only

Receipt No. \_\_\_\_\_ Date cashiered **DEC 19 2017** **\$75**

(Rev. 02/10)

000374219



BOARD OF CHIROPRACTIC EXAMINERS  
2017 DEC 26 PM 4:12



State of California  
Edmund G. Brown Jr., Governor

# CONTINUING EDUCATION PROVIDER APPLICATION

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**FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL**

FS

Please check the appropriate box:

New CE Provider Application - \$75     CE Provider Biennial Renewal Reapplication - \$50

Provider's Name: Frank Springob DC

Street Address: 822 Madeline St.

City: Port Angeles    State: WA    Zip Code: 98363

CE Oversight Contact Person: Candi Griffith    Telephone Numbers: Residence: (360) 440-8129    Business: (360) 440-8129    Email Address: morphogenic@live.com

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion)  
Candi Griffith

### Provider Status

Individual     Corporation     Health Facility     University/College  
 Partnership     Professional Association     Government Agency

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000374748



2018 JAN -8 PM 2: 04

## CONTINUING EDUCATION PROVIDER APPLICATION

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**FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL**

TB

Please check the appropriate box:

**New CE Provider Application - \$75**     **CE Provider Biennial Renewal Reapplication - \$50**

Provider's Name:	Thomas Bynes, DC
------------------	------------------

Street Address			P.O. Box 342346		
City		State	Zip Code		
Austin		TX	78734		
CE Oversight Contact Person:		Telephone Numbers:		Email Address	
Thomas Bynes, DC		Residence: (512 ) 786-0099		DCcourses@outlook	
		Business: (512 ) 501-1661			

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion)
Thomas Bynes, DC

**Provider Status**

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Health Facility	<input type="checkbox"/> University/College
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Government Agency	

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000375364



2018 JAN 24 PM 12:17

## CONTINUING EDUCATION PROVIDER APPLICATION

**ALL** questions on this application must be answered. **New CE Provider Applications** - Submit a complete application package including one original application with the application fee of \$75.00. **CE Provider Biennial Renewal Reapplication** - Submit a complete application package including one original application with the application fee of \$50.00. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. The Board will not process incomplete applications nor applications that do not include the correct application fee. Provider approval shall expire two years following the approval date.

**FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL**

**DRDB**

Please check the appropriate box:

- New CE Provider Application - \$75**     **CE Provider Biennial Renewal Reapplication - \$50**

Provider's Name: Donald Baune
----------------------------------

Street Address 25409 Narbonne Ave.		
City Lomita	State CA	Zip Code 90717
CE Oversight Contact Person: Donald Baune	Telephone Numbers: Residence: (310) 489-4065 Business: (310) 325-6210	Email Address Drdonbaune@gmail.com

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion) Donald Baune
--------------------------------------------------------------------------------------------------------------------------------------

**Provider Status**

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Health Facility	<input type="checkbox"/> University/College
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Government Agency	

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2018 JAN 25 PM 3:25



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# CONTINUING EDUCATION PROVIDER APPLICATION

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**FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL**

Please check the appropriate box:

**New CE Provider Application - \$75**     **CE Provider Biennial Renewal Reapplication - \$50**

Provider's Name: <u>Diane Wayer (dba Stretching by the Bay)</u>		
Street Address: <u>870 Market St Suite 1019</u>		
City: <u>San Francisco</u>	State: <u>CA</u>	Zip Code: <u>94102</u>
CE Oversight Contact Person: <u>Diane Wayer</u>	Telephone Numbers: Residence: <u>(415) 407-3874</u> Business: _____	Email Address: <u>diane@stretchingbythebay.ca</u>

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion)  
just me! DIANE WAYE

### Provider Status

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Health Facility	<input type="checkbox"/> University/College
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Government Agency	

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 (866) 543-1311

000376447



## Proposed Amendments to BCE's Continuing Education Regulations

### Major Policy Issues for Consideration by the Licensing & Continuing Education Committee.

#### Qualifying Subject Areas

Staff strongly recommends refining the subject areas for which the Board will grant CE Credit. The Board should consider eliminating subjects which are vague or overly comprehensive, such as: Philosophy of Chiropractic; Principles of Practice; Wellness; etc. Providers regularly submit applications for courses that use these titles to describe topics that aren't focused in any substantive way on knowledge and competencies related to patient care.

Narrowing the list to specific, well-defined topics will clarify the law and streamline the course review process by establishing parameters for determining whether a course meets the requirements for approval. More importantly, these topics will ensure that training required by the Board is consistent with our Consumer Protection Mandate.

Following are suggestions for subjects directly related to core competencies and patient care.

1. Assessment ~~and diagnostic~~ procedures to include physical, orthopedic, and neurological ~~procedures~~ testing.
2. Radiology (including diagnostic imaging and interpretation).
3. Interpretation of blood and urinalysis test results.
4. Evidence-based ~~peer reviewed chiropractic treatment~~ clinical intervention.
5. Chiropractic adjustive techniques or chiropractic manipulation techniques.
6. Physical medicine modalities and therapeutic procedures.
7. Communicable Diseases.
8. Nutrition.
9. Special population care, which shall include, but not be limited to, geriatric, pediatric, HIV, and transgender care as related to the practice of chiropractic. Instruction in this subject area must be directly related to patient care.
10. Proper and ethical billing and coding, including accurate and effective record keeping and documentation of evaluation, treatment and progress of a patient. This is not to include practice building or patient recruitment/retention or business techniques or principles that teach concepts to increase patient visits or patient fees per case.
11. Ethics and law: including but not limited to: truth in advertising; professional boundaries; mandatory reporting requirements for child abuse/neglect, elder abuse/neglect, and spousal or cohabitant abuse/neglect; and review of the specific laws, rules and regulations related to the practice of chiropractic in the State of California.
12. Sexual Boundaries between doctors and patients, including but not limited to misconduct or harassment between a licensee, patient, and staff.
13. Cardiopulmonary resuscitation, basic life support and use of an automated external defibrillator (\*Note: This will probably be addressed elsewhere in the CE Regs).

## **Mandatory Hours**

To ensure all licensees receive ongoing training in areas critical to quality of care and patient safety, the Board should identify those subject areas that are essential to the safe practice of chiropractic. Staff recommends requiring annual training, as quantified, in each of the following subject areas (14 hours total):

- Four (4) hours of continuing education in assessment and diagnostic procedures (as specified in Qualifying Subject Areas #1).
- Four (4) hours in Chiropractic adjustive techniques and/or chiropractic manipulation techniques (as specified in Qualifying Subject Areas #5).
- Two (2) hours in ethics and law (as specified in Qualifying Subject Areas #11).
- Two (2) hours in sexual boundaries (as specified in Qualifying Subject Areas #12).
- Two (2) hours in Record Keeping (as specified in Qualifying Subject Area #10)

The remaining 10 hours may be satisfied through any of the 8 other Qualifying Subject Areas.