

PACE Pre-Check Expedited Course Submission for Georgia

INSTRUCTIONS:

The Georgia Board of Chiropractic Examiners accepts PACE recognition as satisfying the requirements of the Board for purposes of the Licensure Verification process. However, courses must still be individually approved by the Board.

PACE PreCheck is now available to PACE-Recognized providers in the state of Georgia; however, courses must still be individually registered with the Board and in compliance with Board Rules Chapter 100-5. In lieu of the Georgia's CE Program Application and Approval Form, PACE Providers may submit the PACE PreCheck form as a PDF attachment to Michelle Hornaday at mhornaday@sos.ga.gov or to:

Georgia Board of Chiropractic Examiners
Attn: Michelle Hornaday
237 Coliseum Drive
Macon, Georgia 31217

To receive full CE credit, attendance data must be uploaded to the PACE database within 30 days of course completion.

PACE Pre-Check Expedited Course Submission for Georgia
CE shall comply with the Georgia chiropractic board rules 100-5-.02 and 100-5-.04

Provider/Sponsor _____ PACE Course ID# _____

Course Title _____

Instruction Method _____

Audience _____

Course is offered: Online or Live (complete the following)

Course dates _____ Locations _____

Instructor(s) _____

CREDITS

Please mark the number of hours to be awarded in each subject.

Hours	Subject
_____	Examination Procedures/Diagnoses
_____	Adjustive Technique
_____	Radiographic Technique/Safety
_____	Diagnostic Imaging Interpretation
_____	Nutrition
_____	Research Trends
_____	Physiological Therapeutics
_____	Chiropractic Philosophy (max 3 hrs)

Hours	Subject
_____	Clinical Documentation (max 4 hrs)
_____	Risk Management
_____	Chiropractic Medical/Legal
_____	Public Health Issues
_____	Professional Conduct/Boundaries Issues
_____	Scope of Practice
_____	Other _____
_____	TOTAL HOURS

Practice Building is NOT accepted for continuing education credit.

Check to verify the following are posted to the PACE course catalog:

- Instructor(s) CV
- Course Outline or Agenda

CONTACT INFORMATION

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Signature _____