

## PACE Pre-Check Expedited Course Submission for Florida

### INSTRUCTIONS:

The Florida Board of Chiropractic Medicine 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.

In lieu of the Florida Continuing Education Application, PACE Providers may submit the attached form along with the appropriate application fees and attachment listed below at least 60 days in advance of the course offering. If you need more space to complete this form, please attach additional pages.

**PLEASE NOTE:** Only **ONLINE** courses offered “for the purpose of keeping the licensee apprised of advancements and new developments” in one of the areas outlined in 64B2-13.004(5)(c)2 will be considered for continuing education in Florida.

Distance education courses must either be synchronous courses in which the licensee may interact with the instructor during a live instruction OR must offer a method whereby the attendee may ask questions of the instructor(s) and receive responses in a timely manner (64B2-13.004 (1)(a)1).

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

The fee for CE approval is \$250 per provider, per biennium.

Mail completed forms and fees to:

Florida Board of Chiropractic Medicine  
4052 Bald Cypress Way, Bin C90  
Tallahassee FL 32399

**REQUIRED ATTACHMENT:** Copies of post-test and challenge questions in compliance with 54B2-13.004(3)(b) and (c) (below)

*(b) Challenge questions. Challenge questions are offered during each credit hour of a course to verify the licensee's attendance. A minimum of seventy-five percent (75%) of the challenge questions asked during each credit hour must be answered by the attendee to receive credit for that hour of content. If an attendee fails to answer at least 75% of the challenge questions, the attendee must retake the entire credit hour, and each credit hour must be completed before the next credit hour of content may be attempted.*

*(c) Post-test. A post-test must be offered at the completion of the course to assess the attendee's mastery of the course content. A minimum score of seventy-five percent (75%) of the post-test questions must be answered correctly for an attendee to obtain credit for the course.*

**Florida**

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**CE shall comply with the Florida chiropractic scope of practice as defined by 460.403 (9)**

Provider		PACE Course ID#
Course Title		
Instructor	Affiliated CCE Chiropractic College or US Office of Education-approved medical or osteopathic university	Affiliation type
		<input type="checkbox"/> Faculty <input type="checkbox"/> Post-grad instructor
		<input type="checkbox"/> Faculty <input type="checkbox"/> Post-grad instructor
		<input type="checkbox"/> Faculty <input type="checkbox"/> Post-grad instructor
<b>Advanced qualifications</b>		
specific to _____ this subject		
Please briefly describe your _____ method of verifying attendee participation.		

- Check to certify ALL instructor CVs are on file with PACE (posted to PACE Course Catalog)
- Check to certify hour-by-hour syllabus showing academic rigor, scope, and relevance is on file with PACE (posted to PACE Course Catalog)

Complete the following to allow FL board access for random audits

Exact online address: <a href="https://">https://</a>
Login information to view course

**CREDITS**

Please mark the number of hours to be earned in each subject. ONLY the subjects listed below are eligible for online CE.

Hours	Subject	Hours	Subject
_____	General or spinal anatomy	_____	Principles or practice of chiropractic
_____	Physiology	_____	Laboratory diagnosis
_____	General or neuro-muscular diagnosis	_____	Nutrition
_____	X-ray technique or interpretation	_____	Physiotherapy
_____	Chemistry	_____	Phlebotomy
_____	Pathology	_____	Acupuncture
_____	Microbiology	_____	AIDS
_____	Public Health	_____	TOTAL HOURS REQUESTED

**Practice Building is NOT accepted for continuing education credit.**

**CONTACT INFORMATION**

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Signature \_\_\_\_\_