

## PACE Pre-Check Expedited Course Submission for OKLAHOMA

### INSTRUCTIONS:

The Oklahoma 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.

In lieu of the Oklahoma Continuing Education Application, PACE Providers may submit the attached form along with the appropriate application fees. **Applications must be received by the Oklahoma board 90 days in advance of the course offering.**

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

The fee for application of a CE course module is \$300.00.

Mail completed forms and fees to:

Oklahoma Board of Chiropractic Examiners  
421 NW 13<sup>th</sup> St, Suite 180  
Oklahoma City, OK 73103

**PACE Pre-Check Expedited Course Submission for OKLAHOMA**  
**CE shall comply with the Oklahoma chiropractic scope of practice as defined by 161.2**

Provider/Sponsor \_\_\_\_\_ PACE Course ID# \_\_\_\_\_

Course Title \_\_\_\_\_

Hours requested for Approval: \_\_\_\_\_

Course is offered:  Online (max 8 hours) or  Live (complete the following)

Course date \_\_\_\_\_ Location \_\_\_\_\_

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

**CREDITS**

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

Hours	Subject	Hours	Subject
_____	Principles of Practice	_____	Philosophy of Chiropractic
_____	Examination Procedures / Diagnosis	_____	Risk Management
_____	Physical Therapy / Physiological Therapeutics	_____	Basic Sciences
_____	Nutrition	_____	Research Trends
_____	Adjustive Technique	_____	Medical / Legal
_____	Radiographic Technique / Safety (X-ray)	_____	HIV Prevention / AIDS
_____	Diagnostic Imaging and Interpretation	_____	Boundaries Issues
_____	Insurance Reporting / Procedures	_____	Scope of Practice
_____	Patient Management	_____	Other _____

Practice Building is NOT accepted for continuing education credit.

**CONTACT INFORMATION**

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

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

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

Signature \_\_\_\_\_