

REQUESTER COMPLETES THIS SECTION (continued)

6. Program Title: _____

7. Program Location: _____

8. Program Date(s): _____

Enclose a *complete, detailed course outline* that includes the lesson plan and typical timetable of the course, including all scheduled breaks. Also enclose all final or draft advertisement brochures and/or promotional materials, if used.

9. List Program Presenter(s):

Enclose resume or *curriculum vitae* (CV) for each presenter.

PRESENTER NAME	TITLE

10. Is proof of completion provided (i.e., Certificate)? Yes No

11. Total Contact Hours Requested (Excluding Breaks) _____

Submit this application, fee (if applicable) and all supporting documentation to the Delaware Board of Chiropractic at the address above. If you have questions, email: customerservice.dpr@state.de.us.

BOARD OFFICE COMPLETES THIS SECTION

Board Review Date: _____

Approved for _____ hours. Approval Expires: _____

Tabled - List reason(s) below. Denied – List reason(s) below.

The above request was denied or tabled for the following reason(s):

