



CE Seminar Proposal Form

This form can be used by companies, institutions or individuals who want the University to host and/or apply for CE approval of a continuing education seminar. If you have questions, please call Jenny at 952-887-1390.

Please provide your contact information:

Contact Person:		
Authorized Signer of formal contract (if different person):		
Company Name:		
Address:		
City:	State:	Zip Code:
Phone:		
Email Address:		

About the Seminar:

Seminar Title:		
Location of Seminar (address/city/state/zip code or other format, i.e. webinar):		
Instructor(s) Name and credentials (include CV or Resume for each):		
Start Date:	End Date:	Price:
Day(s) and Time(s) (i.e. Sat, 9am-6pm, Sun, 8am-2pm):		# of CE Hours:

Factors in Determining Your Cost

CE Reporting/Administrative Fees/Hosting Your Event

In addition to the fees listed below, we charge a per person fee to process CE hours. Or we charge a percentage of the profits after expenses if we host or take registrations for your event. The total cost is tailored to your needs and negotiated after we review your proposal.

Marketing Your Seminar

Appearance on the CE website and inclusion in our quarterly CE catalog are included. Additional marketing may be available but additional fees will apply.

Board Application Processing

- 1-14 states for DCs: \$100 administrative fee + state board application fees
- 15 or more states for DCs: \$250 administrative fee + state board application fees
- NCCAOM: \$75 administrative fee + cost of application fee (varies based on length of course)
- NCBTMB: \$25 administrative fee + \$50 per application

Where do you want Northwestern to apply for continuing education credits?

Please select all that apply. We recommend applying to states that immediately surround the seminar location, and to consider where your audience lives and practices.

Select	State	Profession	Application deadline	State Board Application Fee	Online Y/N
<input type="checkbox"/>	NCCAOM	AC/OM	45 days prior	\$50-\$100	Y
<input type="checkbox"/>	NCBTMB	MT	45 days prior	\$50	Y
<input type="checkbox"/>	Alabama	DC	30 days prior	\$75	Y
<input type="checkbox"/>	Alaska	DC	30 days prior - PACE	Add'l \$10 per person	Y
<input type="checkbox"/>	Alberta, Canada	DC	45 days prior	\$100	Y
<input type="checkbox"/>	Arizona	DC	75 days prior (the party who pays the instructor(s) must apply)	\$50	Y
<input type="checkbox"/>	Arkansas	DC	60 days prior	\$5 per hour	N
<input type="checkbox"/>	California	DC	45 days prior	\$56 per topic	Y
<input type="checkbox"/>	California Acupuncture	AC/OM	45 days prior	\$50	Y
<input type="checkbox"/>	Florida	DC	60 days prior	No fee	Y
<input type="checkbox"/>	Georgia	DC	60 days prior	No fee	Y
<input type="checkbox"/>	Hawaii	DC	45 days prior	\$25	Y
<input type="checkbox"/>	Kansas	DC	90 days prior	\$45	Y
<input type="checkbox"/>	Kentucky	DC	60 days prior – PACE for online	\$25, +\$10 pp online	Y
<input type="checkbox"/>	Louisiana	DC	60 days prior	\$75	N
<input type="checkbox"/>	Minnesota	DC	45 days prior	No fee	Y
<input type="checkbox"/>	Missouri	DC	30 days prior	\$45	Y
<input type="checkbox"/>	Nevada	DC	30 days prior – or PACE	\$50 / Add'l \$10 pp	Y
<input type="checkbox"/>	New York	DC	60 days prior	No fee	Y
<input type="checkbox"/>	North Carolina	DC	30 days prior	No fee	Y
<input type="checkbox"/>	Oklahoma	DC	90 days prior	\$300	Y
<input type="checkbox"/>	Pennsylvania	DC	90 days prior	\$30	Y
<input type="checkbox"/>	South Dakota	DC	30 days prior	No fee	Y
<input type="checkbox"/>	Tennessee	DC	30 days prior - PACE	Add'l \$10 per person	Y
<input type="checkbox"/>	Texas	DC	60 days prior	\$100	Y
<input type="checkbox"/>	Texas Acupuncture	AC/OM	60 days prior	\$25	Y
<input type="checkbox"/>	West Virginia	DC	60 days prior	\$100	Y
<input type="checkbox"/>	Wisconsin	DC	60 days prior	No fee	Y 8 hrs webinar

Chiropractic Approved Provider/Sponsor: In addition to the list above, NWHSU is considered an approved provider for chiropractic CE in the following places, but some restrictions may apply:

US: Colorado, Connecticut, Delaware, District of Columbia, Idaho, Illinois, Indiana, Iowa, Maine, Maryland, Massachusetts, Michigan, Mississippi, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, North Dakota, Ohio, Oregon, Puerto Rico, Rhode Island, South Carolina, Utah, Vermont, Virginia, Washington, Wyoming.

Canada: British Columbia, Newfoundland, Ontario, Quebec.

What is your target audience? (Select all that apply)

- Chiropractors
- Massage Therapists
- Acupuncturists
- Oriental Medicine Practitioners
- Other (please list): _____

How would you categorize the seminar content? Put the number of hours in each category that applies, the total should match the total CE hours given for the seminar:

# of hours	Topic
	Acupuncture
	Adjustive technique
	Basic sciences
	Boundaries issues
	Examination Procedures / Diagnosis
	HIV prevention / education
	Human Trafficking
	Insurance reporting / Procedures
	Massage Therapy
	Medical / legal
	Nutrition
	Philosophy of Chiropractic
	Physical therapy / Physiological therapeutics
	Practice management (no CE hours granted)
	Principles of Practice / Philosophy
	Radiographic technique / safety
	Research trends
	Risk management
	Scope of practice
	X-ray/Diagnostic imaging interpretation
	Other (specify): _____
	GRAND TOTAL = total CE hours for seminar

How would you categorize the type of research evidence you used to create the content of your seminar? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Systematic review of the literature (e.g. meta-analyses, Cochrane systemic review, etc) | <input type="checkbox"/> Basic science research |
| <input type="checkbox"/> Randomized clinical trials | <input type="checkbox"/> Evidence based textbooks |
| <input type="checkbox"/> Narrative reviews of the literature | <input type="checkbox"/> Non-evidence based books |
| <input type="checkbox"/> Qualitative research | <input type="checkbox"/> Opinion papers and editorials |
| <input type="checkbox"/> Observational research | <input type="checkbox"/> Websites |
| <input type="checkbox"/> Other (please list): _____ | <input type="checkbox"/> Results or observations from your own practice |

Will you advertise the seminar? Yes No.

If yes, how will you advertise? (Select all apply).

Direct Mail

Email

Facebook

Twitter

Other (please list): _____

Do you want Northwestern to host this seminar? Yes No.

If yes, what are your facility needs? (Select all that apply)

Lecture room

Chiropractic adjusting tables

Massage therapy tables

Acupuncture treatment room

Catering services (extra cost)

Other (please list): _____

(Please note: Presenters who demonstrate treatment techniques on participant volunteers and/or will supervise participants who are practicing techniques on one another will need to submit a copy of current liability insurance along with the proposal.)

Do you plan to take seminar registrations? Yes No.

If yes, provide the contact information for registration below.

Website address:		
By Phone:	By Mail:	By Email:

Program change/modification (e.g. date, location, instructor, etc.): An additional fee may be incurred to make changes with the applicable state or national licensing boards. Please contact us to determine the cost.

Cancellation Policy: If you cancel a seminar we are sponsoring, we expect to be notified *before* it was originally scheduled. Please notify us via email continuinged@nwhealth.edu, include subject line: (Cancellation: name of course/date of course).

Returning Course Records: We expect to receive your record of attendance **within 15 days after the seminar** or additional processing fees may apply.