

Nova Scotia College of Chiropractors

Request for Continuing Education Seminar Approval Form

Name of NSCC Member: _____

Seminar Requested for Approval: _____

Seminar Sponsor: _____

Date/Location of Seminar: _____

Additional information submitted:

- Contents of Lecture
- Bio/CB of Lecturer/Presenter
- Length of Seminar (hours) and outline

Date of material submission to office: _____

Name of CE Member: _____

Seminar is:

- Approved: _____ A hours &/or _____ B hours
- Not Approved
- More information required for approval: _____

Date of course approval/denial: _____

Signature: _____