

FOR LICENSEES REQUESTING PRE-APPROVAL OF A COURSE

Standards of Approval of Continuing Education Courses

(A) Guidelines for Board Approved Program

Continuing Education Courses shall be approved by the North Carolina Acupuncture Licensing Board based on the following:

A formally organized course which has:

- (1) Content related to the scope of practice of acupuncture or a course which has content related to any health service and is relevant to the practice of acupuncture.
- (2) The method of instruction is adequate to teach the content of the course, program, or activity.
- (3) The credentials of the instructor(s) indicate competency and sufficient training, education and experience to teach the specific course, program or activity.
- (4) Each credit hour of the course program or activity is equal to no less than 50 minutes of actual instruction or training.
- (5) Applications must be submitted to the Board **at least 60 days** before the course to be approved is scheduled to be given to the public.

The Board reserves the right to approve the amount of CEUs to be given, based on the content of the course.

(B) Applications for Approval of Specific Continuing Education Programs

Application for approval of a continuing education program shall be submitted on a Board approved form no less than 60 days in advance of the course to be presented, and must contain all of the following:

- (1) The name & credentials of the instructor
- (2) Title of the course
- (3) Course description a summary of content specifically related to scope of practice or content related to health services as stated in A(1) above.
- (4) Number of credit hours requested
- (5) Goal of the course
- (6) A copy of promotional or advertising materials
- (7) Course date and location
- (8) Address and phone number of sponsoring organization/individual

**North Carolina Acupuncture Licensing Board
Request for Continuing Education Unit (CEU) Course Approval Form**

For Licensee's Requesting Pre-Approval of a Course

Name of Licensee _____

Address _____ State _____ Zip _____

Phone #s _____ License Number _____

Name of Instructor (s) _____

Instructor Credentials _____

Requested number of CEUs _____

Course Date(s) _____

Course Location _____

Please submit a copy of the brochure/flyer for the Board's review.

By signing below, I affirm, under penalty of perjury, under the laws of the State of North Carolina, that I have read and will comply with the continuing education regulations and that all statements contained in this application are true and correct.

Signature _____ Date _____

Print Name _____ Title _____

For Acupuncture Board's Use Only

Approve Deny

Course within 60 day time frame yes no

Course application complete? yes no

Authorized Signature _____

ONSITE COURSE OUTLINE

Name of Course _____

Goal of Course _____

Please provide the course outline and include information on how this course relates to the scope of practice of acupuncture in North Carolina. Use additional sheet if necessary.