

State of Hawaii  
Department of Commerce and Consumer Affairs  
HAWAII BOARD OF CHIROPRACTIC  
355 Merchant Street, Honolulu, Hawaii 96813  
Mailing Address: P.O. Box 3469, Honolulu, Hawaii 96801  
Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

**RE-REGISTRATION  
CONTINUING EDUCATION (“CE”) SPONSOR AGREEMENT**

(NOTE: use this form **ONLY** if the course for which you are applying was previously reviewed and approved by the Hawaii Board of Chiropractic (“Hawaii Board”) AND there are no substantive changes to the CE course. If there are no substantive changes to the CE course, but there are changes in lecturer(s), use this form and submit a curriculum vitae for new or additional lecturer(s).

If there are changes to the CE course, you must submit the application form – “PROGRAM SPONSOR AGREEMENT FOR CONTINUING EDUCATION” – and follow the instructions on that form.

CE course registration expires at the end of each odd-numbered year, regardless of issuance date of approval.

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COURSE TITLE: \_\_\_\_\_

FOR OFFICE USE ONLY  
INDEX number \_\_\_\_\_  
Reviewed by \_\_\_\_\_  
Approved by \_\_\_\_\_

Most Recent Hawaii Index Number Issued: HI \_\_\_\_\_  
(NOTE: You must supply the Hawaii Index number or the application will be incomplete)

INSTRUCTIONS

1. Submit this completed form for each course title at least 45 days prior to course offering date; and
2. Attach a check for \$25.00 per course title payable to “COMMERCE & CONSUMER AFFAIRS”.  
You **MUST** submit a separate check for each course.

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SPONSOR’S NAME: \_\_\_\_\_

TYPE OF ORGANIZATION: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

TELEPHONE NO: (\_\_\_\_\_) \_\_\_\_\_

LOCATION(S) WHERE COURSE WILL BE DELIVERED (*City or Town*): \_\_\_\_\_

Date(s) of Meeting: \_\_\_\_\_

Time(s): \_\_\_\_\_

074... \$25.00

CE HOURS:

Total CE course hours previously approved by Hawaii Board: \_\_\_\_\_ for this course.

Total CE course hours requested for this application: \_\_\_\_\_.

We hereby agree to abide by the terms of the original sponsor agreement.

We attest that the information provided in the original sponsor agreement regarding course materials, selection of lecturer, oversight and evaluation remain in effect. Further, that there have been no substantive changes to the course materials, except where applicable, updates have been made concerning law amendments. If there are changes in lecturer(s), curriculum vitae for each new or additional lecturer(s) are enclosed. We understand that if there have been substantive changes to the course, the application form, "PROGRAM SPONSOR AGREEMENT FOR CONTINUING EDUCATION", and all required supporting information must be submitted. I hereby certify that the statements and answers on this application and accompanying document(s) are true and correct. I understand that any statement false or untrue, or any material misstatement of fact shall constitute grounds for refusal or subsequent revocation of registration.

\_\_\_\_\_  
Signature of individual responsible for  
CE administration

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
Date