

## PACE Pre-Check Expedited Course Submission for TEXAS

### INSTRUCTIONS:

The Texas Board of Chiropractic Examiners accepts PACE recognition as satisfying the requirements of the Board for purposes of the licensure renewal process. However, courses must still be individually registered with the Board.

In lieu of the Texas Continuing Education Course Approval Application, PACE Providers may submit the attached form along with the appropriate registration fees.

To receive full CE credit, attendance data must be uploaded to the PACE database within 30 days of course completion.

Mail completed forms and fees to:

Texas Board of Chiropractic Examiners  
333 Guadalupe St, Ste 3-825  
Austin, TX 78701

Credit breakdown reference:

When listing credit hours by subject (following page) please include a reference number specifying which Texas regulation those hours of instruction comply with.

| Ref | Regulation  |
|-----|---|
| B1  | 75.5 (b)(2)(A)(i)(ii) TBCE required hours for ethics, documentation and risk that relates to TAC (Board Rule)                         |
| B2  | 75.5 (b)(2)(A)(iii) One-time eight-hour requirement for Medicare documentation  |
| C1  | 78.13 (c) Examination and evaluation  |
| D1  | 78.13 (d) Analysis, Diagnosis, and Other Opinions   |
| E1  | 78:13 (e) Treatment Procedures and Services: (A) osseous and soft tissue adjustment and manipulative techniques                       |
| E2  | 78:13 (e) Treatment Procedures and Services: (B) physical and rehabilitative procedures and modalities                                |
| E3  | 78:13 (e) Treatment Procedures and Services: (C) acupuncture and other reflex techniques  |
| E4  | 78:13 (e) Treatment Procedures and Services: (D) exercise therapy   |
| E5  | 78:13 (e) Treatment Procedures and Services: (E) patient education  |
| E6  | 78:13 (e) Treatment Procedures and Services: (F) advice and counsel   |
| E7  | 78:13 (e) Treatment Procedures and Services: (G) diet and weight control  |
| E8  | 78:13 (e) Treatment Procedures and Services: (H) immobilization   |
| E9  | 78:13 (e) Treatment Procedures and Services: (J) bracing  |
| E10 | 78:13 (e) Treatment Procedures and Services: (K) therapeutic lasers   |
| E11 | 78:13 (e) Treatment Procedures and Services: (L) durable medical goods and devices  |
| E12 | 78:13 (e) Treatment Procedures and Services: (M) homeopathic and botanical medicines,   |
| E13 | 78:13 (e) Treatment Procedures and Services: (N) non-prescription drugs   |
| E14 | 78:13 (e) Treatment Procedures and Services: (O) referral of patients to appropriate health care providers                            |
| E15 | 78:13 (e) Treatment Procedures and Services: (P) other treatment procedures and services consistent with the practice of chiropractic |

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**CE shall comply with the chiropractic scope of practice as defined by Tex. Occ. Code Section 201.002 and Board Rule 78.13 or to Board Rule Section 78.2(a)(I)(f).**

Provider/Sponsor \_\_\_\_\_ PACE Course ID# \_\_\_\_\_

Course Title \_\_\_\_\_

Course is offered:  Online (max 10 credits) or  Live (complete the following)

Course date \_\_\_\_\_ Location \_\_\_\_\_

Instructor \_\_\_\_\_

**CREDITS**

Please mark the number of hours to be awarded in each subject as well as the reference from TX regs (see cover page).

| Hrs   | Subject                                  | Ref   |
|-------|--|-------|
| _____ | General or spinal anatomy                | _____ |
| _____ | Neuro-muscular-skeletal diagnosis        | _____ |
| _____ | Radiology or radiographic interpretation | _____ |
| _____ | Pathology                                | _____ |
| _____ | Public health                            | _____ |
| _____ | Chiropractic adjusting techniques        | _____ |
| _____ | Chiropractic philosophy                  | _____ |
| _____ | Risk management                          | _____ |
| _____ | Physiology                               | _____ |
| _____ | Microbiology                             | _____ |
| _____ | Hygiene and sanitation                   | _____ |
| _____ | Biochemistry                             | _____ |
| _____ | Neurology                                | _____ |

| Hrs   | Subject                                | Ref   |
|-------|--|-------|
| _____ | Orthopedics                            | _____ |
| _____ | Jurisprudence                          | _____ |
| _____ | Nutrition                              | _____ |
| _____ | Adjunctive or supportive therapy       | _____ |
| _____ | Boundary (sexual) issues               | _____ |
| _____ | Insurance reporting procedures         | _____ |
| _____ | Chiropractic research                  | _____ |
| _____ | HIV prevention and education           | _____ |
| _____ | Acupuncture                            | _____ |
| _____ | Ethics                                 | _____ |
| _____ | Recordkeeping, documentation, & coding | _____ |
| _____ | Other _____                            | _____ |
| _____ | <b>Total Credits</b>                   | _____ |

The following subjects are not accepted for CE credit:

- **Practice-building, Marketing, Practice management**
- **Functional Medicine-Treatment outside of the subluxation, biomechanics or musculoskeletal system**
- **Animal Chiropractic**

**APPLICANT INFORMATION**

Your name: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Contact email: \_\_\_\_\_

Signature: \_\_\_\_\_

Submission date: \_\_\_\_\_