

# Continuing Education Speaker Application

## Personal Data

Name: \_\_\_\_\_  
                    First  Middle  Last  Suffix

Are you eligible to work in the United States?    Yes    No

Office: \_\_\_\_\_  
                    Address  City  State/Province  ZIP/Postal Code

\_\_\_\_\_  
                    Phone  Fax  Preferred E-mail

Home: \_\_\_\_\_  
                    Address  City  State/Province  ZIP/Postal Code

\_\_\_\_\_  
                    Phone  Fax

If you have someone you would like us to contact to schedule your presentation and appearances, please give their name and contact information:

## Education

List all colleges, universities, and chiropractic institutions attended:

Name of institution (in chronological order)	Location (City, State/Province, Country)	Year of Graduation	Degree earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Licensure

If you are teaching a course for continuing education credit, list all states, provinces, or foreign countries in which you hold a chiropractic license(s), basic science certificate(s), or other professional certificates, or diplomas.

State or Province	Type of License/Certificate	License Number	Date obtained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are your listed chiropractic licenses in good standing?    Yes    No

Has any state or province ever taken action against any of your chiropractic licenses?    Yes    No

## Qualifications:

List the subjects on which you feel qualified to speak:

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## Other Materials:

To be considered for acceptance as a speaker, please complete and return the following documents:

1. Speaker Application Form
2. Speaker Biography Form
3. Presentation Proposal Form
4. Current Curriculum Vitae
5. Copy of all chiropractic licenses, certificates or diplomas declared on the Speaker Application Form
6. Copy of all graduate level diplomas
7. Photo

If you have any published materials (e.g. books, videos, DVDs) or press kits, feel free to include these with your application.

Return entire speaker packet via fax at 563-884-5103, via email at [continuinged@palmer.edu](mailto:continuinged@palmer.edu), or mail to:

Palmer College of Chiropractic  
Continuing Education  
1000 Brady Street  
Davenport, IA 52803-5209

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I certify that the information submitted on this application is true and complete to the best of my knowledge and belief, and I understand that falsification of any of the information contained herein shall be grounds for disqualification from further consideration or for my immediate dismissal. I authorize Palmer College of Chiropractic to conduct an investigation of my background and to verify my license(s) to confirm the information that I have provided. I also understand that if I am accepted as a speaker, my signature below authorizes Palmer College of Chiropractic to use my name and/or picture in marketing materials and any and all publications.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### For Office Use Only:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_

# Continuing Education Speaker Biography

Speaker Name: \_\_\_\_\_

How often would you like Palmer College of Chiropractic to contact you for an update of your photo and biographical sketch?

- 1 Year    2 Years    5 Years

## Biography:

Please attach a brief (50 words or less) biographical sketch for our marketing materials.

## Photo:

E-mail a photo to [continuinged@palmer.edu](mailto:continuinged@palmer.edu) - must be

- 300 dpi resolution or higher
- in JPEG, TIFF, EPS or Adobe Photoshop format
- professional photo of you only

### For Office Use Only:

Date Received: \_\_\_\_\_ Update Necessary On: \_\_\_\_\_

Date: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_ Reviewer: \_\_\_\_\_

# Continuing Education Presentation Proposal

Speaker: \_\_\_\_\_ Presentation length: \_\_\_\_\_

Presentation title: \_\_\_\_\_

**Description:**

In approximately 50 words, describe the main topic covered in your proposed presentation, as well as your aim in delivering it. You may attach a typed description if you wish. This will be used in our marketing materials.

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**Outline:**

In standard outline format, briefly list an hourly/half-hourly "schedule" of your presentation. You may attach a typed outline if you wish.

**For Office Use Only:**

Course No. \_\_\_\_\_ Approved For Credit:     Yes     No     N/A

Date: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_ Reviewer: \_\_\_\_\_