

APPLICATION FOR OBTAINING CME CREDIT

MAIL a \$100.00 APPLICATION FEE PER SEMINAR COURSE AND DATE payable to the Illinois Chiropractic Society and **TWO COPIES** of the **following items**, at least **FOUR (4) WEEKS** in advance**:

Sponsor: Name _____
Address _____
City, State, Zip _____
Phone & Fax _____
Contact person _____

Seminar/program title: _____

Speaker: _____

Date for seminar: _____ Time of Seminar: _____

Specific Location [Hotel & City]: _____

Number of Educational Hours: _____
[Do not include breaks, meals, etc.]

Detailed Syllabus to include: for each lecture hour three (3) learning objectives are to be submitted and three (3) referenced questions with answers, which the participant should be able to answer after the lecture. [2 copies]

Notes for the seminar, i.e. handout materials [2 copies]

Curriculum vitae for the speaker(s) [2 copies]

Speaker(s) affiliation letter - current letter verifying the speakers faculty or postgraduate level affiliation, if available, with a chiropractic, medical or osteopathic college (must be from college)

Approximate number of anticipated participants _____
[See page 2 regarding credit card guarantee]

MAIL items to: Linda L. Zange, DC
Chairman, CME Committee
1401 East Oakton Street Ste. 5
Des Plaines, IL 60018

All seminars carry the following disclaimers:

“Illinois Chiropractic Society sanctioning of any Continuing Medical Education seminar is applicable rules of the Illinois Department of Financial and Professional Regulation. The Illinois Chiropractic Society makes no representation, either directly or indirectly, that the substantive matter being presented is within the scope of chiropractic licensing in every jurisdiction. The Illinois Chiropractic Society reserves the right to cancel or adjust program dates, times, speakers, or locations if the need arises. Illinois Chiropractic Society will not be responsible for registrants' expenses should any program changes occur. All classes announced will be held unless 24 hours prior registration indicates insufficient numbers to hold a seminar in which case those registered will be notified by phone, fax or email.”

The Illinois Chiropractic Society (ICS) reminds applicants that state and federal antitrust laws prohibit agreements among competitors that unreasonably restrain competition. Antitrust violations may be based on discussions among competitors regarding prices, price levels or price mechanisms, refusals to sell to certain customers, refusals to purchase from certain suppliers of products or providers of services, division of markets by customer or territory, or conditioning the purchase of one product or service upon the purchase of another product or service. Organizations and individuals receiving approval for ICS sponsorship agree to not undertake any activity that violates antitrust laws, including but not limited to the exchange or dissemination among attendees of any information regarding prices, pricing methods, cost of services or labor. In addition, formal and informal communications shall not include any type of boycott or refusal to do business with persons or businesses to include any participation or network agreements. The ICS does not tolerate any such discussions during this or any other ICS meeting. These guidelines apply not only to formal meeting sessions, but also to informal discussions during breaks and other conference events. **BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THE ICS' ANTITRUST POLICY AND AGREE INDIVIDUALLY AND ON BEHALF OF MY ORGANIZATION TO ABIDE BY THESE TERMS.**

Further, there is a per participant processing fee based on program / seminar length. If the CME application is submitted **at least four (4) weeks** in advance of the seminar date**, the fees are as follows: if the program is 1 to 5 hours the fee is \$10.00 per participant; 6-10 hours the fee is \$15.00; 11- 15 hours \$20.00, 16 - 20 hours \$25.00, 21 - 25 hours \$30.00, etc., due within thirty (30) days after the seminar to be paid to the Illinois Chiropractic Society. The fee is to be submitted with a copy of the CME form for each of the participants and a list of the attendees / registrants. If fee is not received within 30 days, your credit card will be billed for all forms sent.

If the seminar is approved, CME forms to be completed by the participants will be forwarded with procedural instructions. The ICS reserves the right to monitor without cost seminar presentations. If you have any questions, contact Dr. Zange at 847/724-2340 or via a fax at 847/348-3859.

****FOUR WEEK DEADLINE:** For programs requesting approval after the four week deadline, the fees are double the current fees for application fee AND per participant processing fee. If any program of the same topic as an ICS program is offered within 100 miles and 15 days before or after an ICS program the same double fee structure may be applied.

I / We agree to the terms of the application.

Organization: _____ Date: _____

By: _____

CREDIT CARD GUARANTEE: [PLEASE PRINT] Used only if participant fee is not paid within 30 days of the seminar – it is based on the number of CME forms sent to you BOTH USED AND UNUSED whether returned or not.

[check one] Visa MasterCard Discover AMEX

CARD # _____ PIN _____ Exp. Date _____

NAME on card: _____

Authorizing Signature: _____

Billing address: _____

4/25/2017 _____