

**EnKA©CAB Course Submission Form  
for Established Course Submitters (short form)**

**Category B**

1. Title of class: \_\_\_\_\_  
Developer(s): \_\_\_\_\_  
School: \_\_\_\_\_

2. Brief Course Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Aims and Objectives: (What information you intend them to come away with)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Delivery of Course Material Break-down **Teaching** \_\_\_\_\_ **Practice** \_\_\_\_\_  
**Homework** \_\_\_\_\_ **Other** \_\_\_\_\_

5. Prerequisites for the Course:  
\_\_\_\_\_  
\_\_\_\_\_

6. Total Number of Hours for Course **Face-to-Face** \_\_\_\_\_ **Online** \_\_\_\_\_  
**Nutri** \_\_\_\_\_ **A&P** \_\_\_\_\_ **Comm** \_\_\_\_\_ **Total** \_\_\_\_\_

7. Materials required by students to do the course:  
\_\_\_\_\_  
\_\_\_\_\_

*(Optional: chromatic forks, tuning forks, essences, chakra chimes, books)*

8. List of Instructors certified to teach this course:  
\_\_\_\_\_  
\_\_\_\_\_

9. Course Taught a minimum of 3 times: \_\_\_\_\_

10. Competence assessment evaluation: **Oral** \_\_\_\_\_ **Practical** \_\_\_\_\_

**You may electronically fill out this form and email with the following:**

1. Course must require Muscle Monitoring, or Muscle Response Testing. \_\_\_\_\_
2. Course must require Pauselock and Jaw Stacking. \_\_\_\_\_
3. Course must require accepted Pre-Checks. \_\_\_\_\_
4. Course must reference a Valid and Approved Category A Course as a prerequisite. \_\_\_\_\_

**Previously Established Guidelines** (initial to verify agreement)

1. Certificate given to students \_\_\_\_\_
2. Course Evaluations \_\_\_\_\_
3. Hand Outs, if applicable \_\_\_\_\_
4. Code of Ethics compliance \_\_\_\_\_

**Included in Submission Form Packet:**

- 5. Electronic version of Complete Workshop Manuals (This may need to be submitted via DropBox)
- 6. Copyright Form, if desired
- 7. Accreditation fee: \$2 per credit hour of class (may be mailed, or submitted via PayPal.)

Submit all forms and information to: [cab@energyk.org](mailto:cab@energyk.org)

**Additional notes for Reviewer:**

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Date received: \_\_\_\_\_

Date approved: \_\_\_\_\_

Signature of Reviewer \_\_\_\_\_