

# ACAS COURSE REVIEW AND EVALUATION – 12 CE Hours

Radiology 5 CEU CSBCE Approved # CA-A-18-08-15528 David F. Gendreau, D.C., D.A.C.B.R.

Chiropractic Philosophy 1 CEU CSBCE Approved # CA-A-18-08-15527 – B.J. Palmer, D.C.

Technique Gonstead 4 CEU CSBCE #CA-A-18-08-15529 – Brian J. Porteous, D.C.

Ethics 2 CEU Healthcare in America CSBCE#CA-A-18-08-15481 – Brian J. Porteous, D.C.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

DC License #: \_\_\_\_\_ Exp: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

**IMPORTANT: Completion of this Evaluation is Mandatory.**

*To receive continuing education credit, please answer all of the following questions and provide your signature under penalty of perjury at the bottom of this page. The date on this completed evaluation is your course completion date.*

*Submit the completed evaluation*

After Completing the Course I am able to

- |   |             |        |
|---|-------------|--------|
| 1 – Discuss Ethics in relation to Chiropractic Practice                                 | 1. [ ] Yes  | [ ] No |
| 2 – Explain indications and contraindications of Ethical decision making                | 2. [ ] Yes  | [ ] No |
| 3 – Identify the common Ethical Challenges in Private Practice                          | 3. [ ] Yes  | [ ] No |
| 4 – Describe trends associated with Chiropractic Radiology                              | 4. [ ] Yes  | [ ] No |
| 5 – Discuss Bone Cancer Epidemiology, risk factors, prevention and detection strategies | 5. [ ] Yes  | [ ] No |
| 6 – Discuss the physiological concerns that may accompany diagnostic use of X-Ray       | 6. [ ] Yes  | [ ] No |
| 7 – Discuss Chiropractic Philosophy   | 7. [ ] Yes  | [ ] No |
| 8 – Explain Chiropractic Clinical terms using patient friendly terminology              | 8. [ ] Yes  | [ ] No |
| 9– The course materials were presented in a well-organized and clearly written manner   | 9. [ ] Yes  | [ ] No |
| 10 – Explain indications and contraindications of Chiropractic Adjustments              | 10. [ ] Yes | [ ] No |
| 11 – Discuss the collaborative care used in the management of Spinal Subluxation        | 11. [ ] Yes | [ ] No |
| 12 – Discuss the collaborative care with other health care providers                    | 12. [ ] Yes | [ ] No |
| 13- The course content was presented in a fair, unbiased and balanced manner            | 13. [ ] Yes | [ ] No |
| 14- The course expanded my knowledge and enhanced my skills related to Chiropractic.    | 14. [ ] Yes | [ ] No |

**HOURS STUDIED**

I declare under the penalty of perjury that I personally viewed, listened and studied the entire course and hours as indicated above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Signature in ink required to receive Continuing Education Credits)*

Comments or Questions on this educational activity and/or suggestions for future course development:

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