



## REQUEST FOR DUPLICATE CEU CERTIFICATE

**Fee for a CA Approved Duplicate CEU Certificates      \$70**

I hereby request a *Replacement or Duplicate CEU Certificate* for the California Board of Chiropractic Examiners and agree to the Replacement / Duplicate fee.

I hereby **DECLARE UNDER THE PENALTY OF PERJURY TO THE CALIFORNIA CHIROPRACTIC BOARD** that I personally attended the listed below CEU course and number of hours as indicated on the following date.

**Print Name:** \_\_\_\_\_

**Birth Month:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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

☐ **Live In-Person Lecture:** I hereby **DECLARE UNDER THE PENALTY OF PERJURY** that I personally attended the Live, In-Person CEU course and number of hours as indicated on the following date.

**Date Attended:** \_\_\_\_\_

Location Attended: ☐ San Diego ☐ La Palma ☐ Tustin ☐ Corona ☐ Los Angeles ☐ Other

Number of Hours Attended: ☐ 2 hours ☐ 4 hours ☐ 6 hours ☐ 8 hours ☐ 12 hours ☐ Other

☐ **Distance Learning:** I hereby **DECLARE UNDER THE PENALTY OF PERJURY** that I personally attended the Live, In-Person CEU course and number of hours as indicated on the following date.

Number of Hours Viewed: ☐ 2 hours ☐ 4 hours ☐ 6 hours ☐ 8 hours ☐ 12 hours ☐ Other

Please Email this completed & signed request form to [ACASCEU1@gmail.com](mailto:ACASCEU1@gmail.com)

Our Staff will contact you to collect the required payment for the Board Approved Duplicate Certificate. Your Duplicate Certificate will be emailed asap.