

ACASCEU DISTANCE LEARNING COURSE REVIEW AND EVALUATION – PACKAGE 6-X 6-CEU Hours

X-ray / Radiology 5 CEU CSBCE David F. Gendreau, D.C., D.A.C.B.R. /Larry Basch, D.C
Chiropractic Philosophy 1 CEU CSBCE– B.J. Palmer, D.C./ Larry Basch, D.C

Last Name: _____ First Name: _____ MI: _____
DC License #: _____ Exp: _____ Phone #: _____ E-Mail: _____
Mailing Address: _____ City: _____ Zip: _____

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.

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 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 |

Please Check the DISTANCE LEARNING HOURS STUDIED ☐ 6-X Hours

I DECLARE UNDER THE PENALTY OF PERJURY that I personally viewed, listened to, and studied the entire course and hours as indicated above.

Print Name: _____ License # _____

Signature: _____ Date: _____

(Signature in ink required to receive Continuing Education Credits)

The date on this completed evaluation is your course completion date.
Email this completed & signed evaluation form to ACASCEU1@gmail.com
Your Distance Learning certificate will be emailed within 14 days