

# ACASCEU DISTANCE LEARNING COURSE REVIEW AND EVALUATION – PACKAGE A - 6 CEU HOURS

Technique Gonstead 4 CEU – Brian J. Porteous, D.C. / Larry Basch, D.C Approved #CA-C-24-01-12108  
Ethics 2 CEU Healthcare in America– Brian J. Porteous, D.C. / Larry Basch, D.C Approved #CA-C-24-01-12107

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-A Hours

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

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

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](mailto:ACASCEU1@gmail.com)  
Your Distance Learning certificate will be emailed within 14 days**