



ACADEMY OF

CHIROPRACTIC ARTS & SCIENCES

Distance Learning **6 HOUR CEU**

Option 6A - NO RADIOLOGY CREDIT

Quiz/Course Evaluation Form

The date on this completed evaluation is your course completion date.

Complete the information below and EMAIL this completed & signed form to ACASCEU1@gmail.com.

Your Distance Learning Certificate of Completion will be *emailed* to you within 14 days.

First Name: _____ Last Name: _____
 Date of Birth: _____ Chiro License #: _____
 Mailing Address: _____ City: _____ State: _____ ZIP: _____
 Email Address: _____ Phone Number: _____

Completion of this Quiz & 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 6 Hours Distance Learning 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 |

☐ I certify that I studied **6 HOURS** of Distance Learning with NO RADIOLOGY CREDIT
- 6A Chiropractic Ethics & Technique

☐ I declare to the California Chiropractic Board of Chiropractic Examiners **UNDER THE PENALTY OF PERJURY** that I personally viewed, listened to, and studied the entire course and hours as indicated above.

Signature: _____

Date: _____