



# ACADEMY OF CHIROPRACTIC ARTS & SCIENCES

## Distance Learning 6 HOUR CEU

### Option 6x - *INCLUDES RADIOLOGY CREDIT*

### Quiz/Course Evaluation Form

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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](mailto: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 RADIOLOGY CREDIT  
- **6X Chiropractic Philosophy & X-Ray Radiology**

☐ 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: \_\_\_\_\_