

**ACADEMY OF CHIROPRACTIC ARTS & SCIENCE**

***Course Review and Evaluation Form***

- > Ethics\_ Health Care in America 2 HRS
- > Chiropractic History, Education & Philosophy, 2 HRS
- > Chiropractic Technique, Gonstead 4 HRS
- > Radiographic Technique & Interpretation 5 HRS

CBCE APPROVED #CA-A-13-11-8268/8272/8267/8271

**Name\***

First Name

Last Name

**DC Lic #\***

**Address\***

City

State

Zip Code

**Home Phone\***

**Email\***

To receive continuing education credit, please answer all of the following questions and provide your electronic signature under penalty and perjury at the bottom of the page. The date we receive the completed evaluation is your course completion date.

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**After completing the course(s) I am able to:**

**Describe Chiropractic Philosophy?**

- Yes
- No

**Explain Chiropractic Clinical terms using patient friendly terminology?**

- Yes
- No

**Identify the common Chiropractic Philosophic Principles?**

- Yes
- No

**Discuss the collaborative care with other health care products?**

- Yes
- No

**Discuss Patient adjusting safety issues?**

- Yes
- No

**Explain indications and contradictions of chiropractic adjustments - Tech?**

- Yes
- No

**Explain indications and contradictions of chiropractic adjustments - Tech? - Copy**

- Yes
- No

**Discuss the collaborative care modalities used in the management of spinal subluxation?**

- Yes
- No

**Discuss the collaborative care modalities used in the management of spinal subluxation? - Copy**

- Yes
- No

**Describe the steps to take in an emergency situation? - Copy**

- Yes
- No

**Identify the use of vaccines today? - Copy**

- Yes
- No

**The course materials presented in a well organized and clearly written matter?**

- Yes
- No

**The course expanded my knowledge and enhanced my skills related Chiropractic Ethics Laws and Regulations?**

- Yes
- No

**I intend to apply knowledge I've learned to my Chiropractic practice?**

- Yes
- No

**I would be interested in using Distance Learning format again in the future**

- Yes
- No

By electronically signing this review and evaluation, I declare under the penalty of perjury that I personally viewed, listened and studied the entire course and study questions. I electronically acknowledge reading and understanding the above documents and all ACAS, Dr.Porteous, and The Academy of Chiropractic Arts and Science, Limited Liabilities, and Wavier and Releases forms.

**I have read and agreed to the waiver and release form**

- Agree
- Disagree

**Signature**

[\[clear\]](#)

Use your mouse or finger to draw your signature above

**Date/Time**

  :

**Submit Form**

