

ATTENTION: OREGON CHIROPRACTIC LICENSEE

Complete any of these certificates if you have fully read the indicated chapters of the Educational Manual for Evidence-based Chiropractic.

Print your name in the Name and Date fields. Print the form, then sign your name. Keep in your files until audited.

VERIFICATION OF COMPLETION

I, (print name:), do hereby swear that I have read in its entirety, **Chapter 1 Patient-Doctor Relationship** of the Educational Manual for Evidence-based Chiropractic. By this verification, I acknowledge that I understand that this document represents practice recommendations and unless specifically indicated, is not in and of itself administrative rule.

Signed: _____ Date _____

This **Verification of Completion** allows the signer TWO HOURS of Continuing Education credit to be applied towards the next license renewal period (within 12 months of completion).

Keep this verification with your other proofs of continuing education and only submit it at the time you may be audited by the Oregon Board of Chiropractic Examiners. (Note: these hours DO NOT meet the 1st year licensee requirement for evidence-based outcomes management.)

VERIFICATION OF COMPLETION

I, (print name:), do hereby swear that I have read in its entirety, **Chapter 2 Diagnostic Imaging** of the Educational Manual for Evidence-based Chiropractic. By this verification, I acknowledge that I understand that this document represents practice recommendations and unless specifically indicated, is not in and of itself administrative rule.

Signed: _____ Date _____

This **Verification of Completion** allows the signer TWO HOURS of Continuing Education credit to be applied towards the next license renewal period (within 12 months of completion).

Keep this verification with your other proofs of continuing education and only submit it at the time you may be audited by the Oregon Board of Chiropractic Examiners. (Note: these hours DO NOT meet the 1st year licensee requirement for evidence-based outcomes management.)

VERIFICATION OF COMPLETION

I, (print name:), do hereby swear that I have read in its entirety, **Chapter 3 Record Keeping** of the Educational Manual for Evidence-based Chiropractic. By this verification, I acknowledge that I understand that this document represents practice recommendations and unless specifically indicated, is not in and of itself administrative rule.

Signed: _____ Date _____

This **Verification of Completion** allows the signer TWO HOURS of Continuing Education credit to be applied towards the next license renewal period (within 12 months of completion).

Keep this verification with your other proofs of continuing education and only submit it at the time you may be audited by the Oregon Board of Chiropractic Examiners. (Note: these hours DO NOT meet the 1st year licensee requirement for evidence-based outcomes management.)