



Oregon

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Oregon Board of Chiropractic Examiners

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Chiropractic Assistant Vitals Training

This is a one-time requirement due prior to the chiropractic assistant's first renewal date. Vitals training accounts for 2 hours of continuing education. The Board prescribed form (page 2) must be submitted to the OBCE prior to the chiropractic assistant's first renewal date.

It is the supervising DC's responsibility to teach chiropractic assistants didactic and hands-on instruction on how to take a patient's vitals. The supervising DC may hire other trained personnel to provide the vitals training.

For the hands-on portion of the training, 20 vitals health checks must be performed and documented using the Board prescribed form (page 2).

Exception-Chiropractic assistants with current (Oregon) dual licenses (under which they have already been trained in the taking of vitals and can submit proof of the training) are exempt from the vitals CE mandate.

Board Prescribed Vitals CE Log for: _____

CA License Number: _____ **Date:** _____

	Date	Patient Initials	Preferred Pronoun	Height	Weight	BP	Pulse	Resp/Min	Temp	DC Initials
1.					lbs	/	bpm		° F	
2.					lbs	/	bpm		° F	
3.					lbs	/	bpm		° F	
4.					lbs	/	bpm		° F	
5.					lbs	/	bpm		° F	
6.					lbs	/	bpm		° F	
7.					lbs	/	bpm		° F	
8.					lbs	/	bpm		° F	
9.					lbs	/	bpm		° F	
10.					lbs	/	bpm		° F	
11.					lbs	/	bpm		° F	
12.					lbs	/	bpm		° F	
13.					lbs	/	bpm		° F	
14.					lbs	/	bpm		° F	
15.					lbs	/	bpm		° F	
16.					lbs	/	bpm		° F	
17.					lbs	/	bpm		° F	
18.					lbs	/	bpm		° F	
19.					lbs	/	bpm		° F	
20.					lbs	/	bpm		° F	

CERTIFICATION:

I certify that the above-named chiropractic assistant (CA) completed 2 hours of training under my instruction on how to take a patient's vitals. In addition, my initial at each entry above certifies that I oversaw each hands-on vitals exercise. The above-named CA now has the necessary skill to take a patient's vitals and record them appropriately.

Supervising DC Name (Print): _____

Supervising DC Signature: _____

DC License Number: _____ **Date:** _____