

## Chiropractic Assistants Mandatory Training

**Training** – Taking vitals

**Hours** - Two

**Due date** – Prior to first renewal date (last day of birth month)

**Documentation** – The completed Board-prescribed form must be submitted to the OBCE.

**Requirement Details:** This is a one-time requirement. It is the supervising DC’s responsibility to teach the CA verbal and hands-on instruction on how to take a patient’s vitals. For the hands-on portion of the training, 20 checks of each of the following must be performed, and documented using the Board’s prescribed form:

1. Height
2. Weight
3. Blood pressure
4. Pulse
5. Respiration \*
6. Body temperature

\* *Measuring respiration can be done by auscultation (listening with a stethoscope) to count the breaths or observing movements of the chest.*

Use the OBCE’s prescribed form (page 2 of this document)

Other Training Resources (*the online lectures **do not** meet the required hands-on portion*)

Judith Allan DC	One Sunday/month 1-4 pm		To Register: Call (503) 516-5226
	Jan 12 Feb 9 March 5 April 2 May 7 June 4	July 9 Aug 6 Sept 10 Oct 8 Nov 5 Dec 3	
OnlineCE	Vital Signs CA20		Register <a href="#">Online</a>
CACredits.org	Vital Signs for CAs		Register <a href="#">Online</a>
Univ of Western States	CL 3291 Vitals		Register <a href="#">Online</a> , or Call (800) 215-3716
OR Chiropractic Association	Vitals (Andrea Herrst DC)		Register <a href="#">Online</a> , or Call (503) 256-1601

NOTE: Your supervising DC may provide the vitals training for you, or, a clinic may hire other trained personnel to provide the trainings.

EXCEPTION - CAs 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.

**Oregon Board of Chiropractic Examiners – Vitals Continuing Education Certificate and Log**

CA's Name: \_\_\_\_\_ Cert # \_\_\_\_\_ Date: \_\_\_\_\_

	Date	Patient's Initials	Male/ Female	Height	Weight	BP	Pulse	Resp/Min	Temp.	DC's Initial
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 didactic training under my instruction on how to take a patient's vitals. In addition, my initials at each entry above certifies that I oversaw each practical exercise. The above-named CA now has the necessary skill to take a patient's vitals, and record them appropriately. *(Send a copy of this completed form to the OBCE.)*

**Supervising DC Name (Print):** \_\_\_\_\_ **DC Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_