

American Chiropractic Board of Radiology Continuing Education Submission Form

This tracking form was developed to facilitate the submission of continuing educational credit for recertification. The submission of this form neither implies, nor guarantees acceptance of the credit toward recertification. The ACBR will notify you if this submittal is not accepted for recertification credit. Please save this form, fill it out and submit to taplsj@eudoramail.com

Title of Program (Symposium, Conference, or other Educational Meeting)

Program Dates

Program Location

Sponsoring Organization

Number of Instructional Hours

Instructor/Presenter

Program Coordinator/Phone

Description of Activity or Educational Value

Evidence of Completion (Signature of Program Official) or Submission of Proof

I hereby certify that I have attended the professional activities listed above. All claims presented in this application are true in substance and effect. I am aware that any misrepresentation by me may negatively affect my certification status.

Signature

Date

Name

Mailing Address

City/State/Zip