

OCA Continuing Education Verification Form:

Name:				
		e Print		
Contact #:_	OR License#:			
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Year	Speaker(s) Name	Date Viewed	Hrs	Signature
Year	Speaker(s) Name	Date Viewed	Hrs	Signature
Year	Speaker(s) Name	 Date Viewed	Hrs —	Signature
Year	Speaker(s) Name	 Date Viewed	Hrs	Signature
Year	Speaker(s) Name	 Date Viewed	Hrs	Signature
Year	Speaker(s) Name	 Date Viewed	Hrs —	Signature
Year	Speaker(s) Name	 Date Viewed	Hrs	 Signature
Year	Speaker(s) Name	Date Viewed	Hrs	Signature
Year	Speaker(s) Name	Date Viewed	Hrs	Signature

Within **2 WEEKS** (for 10 CE hours or less) or **3 WEEKS** (11-20 CE hours), **Please complete & return form** with the CE Material so that we may issue you a completion certificate for your continuing education requirements.

Total CE Hrs: ___

Return to:

Oregon Chiropractic Association 10570 SE Washington Street, Suite 210 Portland, OR 97216

Phone: (503) 256.1601 Fax: (503) 256.1602

After 2 Weeks, a fee of \$25.00 per week WILL be billed until the CE Material is RETURNED