



Continuing Education Video Verification Form:

Name: _____

Please Print

Contact Phone#: _____ **Email:** _____

CE Video Year	Speaker(s) Name	Date Viewed	Hrs	Signature
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____

Total CE Hrs: _____

Please complete & return this form back to the OCA office, along with any CE DVD's (if applicable), so that we may issue you a certificate of completion for your continuing education hours.

Please return to:
Oregon Chiropractic Association
10570 SE Washington Street, Suite 210
Portland, OR 97216
Phone: (503) 256.1601 Fax: (503) 256.1602
Email: info@ocanow.com