



**Chiropractic Assistant Continuing Education Order Form**  
 6 CE Credits Due by July 31<sup>st</sup> of Current Year

**Lost or Stolen Material Disclaimer:** All material is Property of the OCA and leased for the use of Continuing Education. If material is lost or stolen it is your responsibility to replace the cost of the material: **\$125.00** for material that we have produced and up to **\$199.00** for material that was purchased for use in our library.

\*\*\* All materials are due back to the OCA office **within 2 weeks.** After 2 Weeks, \$25.00 per week will be charged until the material is returned. \*\*\*

**Special Sets:**

__2016-CA1	Andrea Herrst, DC "VITALS" (Meets OBCE 2016 CA Requirement) The Cost is \$50.00 & includes the Notes	2 CE Hrs
__2016-11	Ty Talcott, DC: "HIPAA Compliance Seminar" (Available to OCA members only) The Cost is \$125.00. Includes Power Point & Notes	5 CE Hrs
__2017-CA12	Timothy Gay, DC -- "The Indispensable CA" (4 Disc set) The Cost is \$125.00. Includes Notes	6 CE Hours
<b>These video sets are available online!</b>		

**2017 DVD's**

*All 2017 Videos \$20 per credit hour*

__2017-1	"Dr. Fab" Fabrizio Mancin, DC - "The Spirit of Chiropractic"	2 CE Hours
__2017-10	Ty Talcott, DC, CHPSE -- "HIPAA" (2 Disc set)	4 CE Hours
__2017-11	Kathy Mills-Chang -- "Billing and Medicare Updates" (2 Disc set)	4 CE Hours
<b>2017 videos are available online!</b>		

**2016 DVD's**

*All 2016 Videos \$20 per credit hour*

__2016-4	Tom Necela, DC - "ICD-10, Medicare & Billing"	4 CE Hours
__2016-10	Brandi MacDonald, CA, CEO - "Creating the Teams that Excel"	4 CE Hours
__2016-CA2	Eric Hubbs, DC - "Philosophy, Anatomy & Soft Tissue"	4 CE Hours
__2016-CA1	Andrea Herrst, DC "VITALS" (Meets OBCE 2016 CA Requirement) The Cost is \$50.00 & includes the Notes	2 CE Hrs
<b>All 2016 videos are available online!</b>		



**2015 DVD's**

*All 2015 Videos \$20 per credit hour*

__2015-5	Mario Fucinari, DC - "Low Tech Rehab" <b>**ONLINE ONLY**</b>	<b>4 CE Hours</b>
__2015-13	Brian Kelly, DC {Life Chiropractic College West, Pres.} - "Inspirational"	<b>2 CE Hours</b>
__2015-14	Troy Dukowitz, DC - "5.5 Keys To Creating Greater Impact"	<b>2 CE Hours</b>
__2015-18	Mario Fucinari, DC - " <b>Billing, Medicare &amp; ICD-10 updates</b> "	<b>4 CE Hours</b>

**These 2015 videos are also now available online!**

**2015 - ICD-10 DVD**

**(Not available online)**

__2015 - ICD-10	Mario Fucinari, DC - "ICD-10 Transition & Implementation for the Chiropractic Office" <b>3 CE Hrs</b>
	<b>Part 1:</b> ICD-10 Implementation and Transition
	<b>Part 2:</b> ICD-10 and Your Documentation
	<b>Part 3:</b> Terminology and Specificity of ICD-10 Coding
	<b>Part 4:</b> Personal Injury, Work Comp and ICD-10

**2014 DVD's:**

__2014-CA1	Heidi Farrell - "Creating the Extreme Team" <b>6 CE Hrs</b>
__Notes	Convention Notes Cost: \$10.00

**CA Initial Training:**

*For Initial Training options - you can go to the OBCE website that offers the complete list of approved CA Program --Initial Education Trainers... ..*



## CA Order Form

2015 - 2017 Total Regular Credit Hours: \_\_\_\_\_ X \$20.00 per credit hour = \$ \_\_\_\_\_

2014 Total Regular Credit Hours: \_\_\_\_\_ X \$15.00 per credit hour = \$ \_\_\_\_\_

Total Credit Hours for Special Pricing Video Sets or Misc Notes Cost: \_\_\_\_\_ = \$ \_\_\_\_\_

Add: \$9.50 Shipping & Handling for DC Non-Members = \$ \_\_\_\_\_

**Total = \$ \_\_\_\_\_**

Is Your Doctor a member of the OCA?:  Yes  No DC Name: \_\_\_\_\_

Would you like information on becoming a member of the OCA?:  Yes  No

If ordering 2015 - 2017 videos, would you like to view them online  Yes  No

**Clinic Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Office #: \_\_\_\_\_

**Shipping Address** (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### Payment Method:

Visa  MC  AMEX  Discover  Money Order # \_\_\_\_\_ Check# \_\_\_\_\_

Card#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

V Code: \_\_\_\_\_ Full Name on Card: \_\_\_\_\_

Billing Zip: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\*Please Fill Out A Separate Form For Each CA Receiving CE Hours\*\*\*\*\***

CA Name: \_\_\_\_\_

CA Email: \_\_\_\_\_

CA Home Number (Required): \_\_\_\_\_

**Please Make Checks or Money Order payable to:**

**OCA**

**10570 SE Washington St., Suite 210**

**Portland, OR 97216**

**Email: [chirooregon@hotmail.com](mailto:chirooregon@hotmail.com) Phone: (503)256-1601 Fax: (503)256-1602**