

NUCCA Continuing Education Submission Form

Date of Submission: _____

Contact Information for Submitting Doctor

Name: _____

Clinic Name: _____

Address: _____

Phone #: _____

Email: _____

Approximate date of your last submission or participation as a candidate in or completion of NUCCA board certification _____

Initial here states that you practice NUCCA exclusively: _____

Check box for which level of certification you are submitting:

<input type="checkbox"/>
<input type="checkbox"/>

Candidate Level 1

Candidate Level 3

<input type="checkbox"/>
<input type="checkbox"/>

Candidate Level 2

Board Certified

X-ray requirements for CE submission:

Level 1 = 1 set of properly taken pre & post x-rays

Level 2 = 1 set of pre & post x-rays, properly taken and properly analyzed

Level 3/Board Certified = 1 set of pre & post x-rays - properly taken, properly analyzed and showing appropriate reduction

Date of Films Submitted (must be within 30 days): _____

Check Box for Doctor Reviewing Films

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
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<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Dr. Irene Adamczuk

Dr. Keith Denton

Dr. John Dunn

Dr. Vince Fitzpatrick

Dr. Tym Flory

Dr. Michael Foran

Dr. Johanna Hoeller

Dr. Daiki Ishiyama

Dr. Kerry Johnson

(Digital, Kuhnsoft for analysis)

<input type="checkbox"/>
<input type="checkbox"/>
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Dr. Craig Lapenski

Dr. Steven MacDonald

Dr. David Packer

Dr. Barbara Read

Dr. Deb Sesker

Dr. Kurt Sherwood

Dr. Jack Stockwell

Dr. Lee Yardley **(Board Certified only)**

Dr. Michael Zabelin

(Digital, Viztek for analysis)

The following items must be included with your CE submission

- Completed Continuing Education Submission Form
- X-rays meeting requirements for the appropriate candidacy level
- Self-addressed, stamped envelope for return
- If this submission is before April 1, 2018 please send a \$50 payment to the NUCCA office:
- If this submission is after April 1, 2018 please send a \$100 payment to the NUCCA office:

NUCCA

5353 Wayzata Blvd. Ste. 350

Minneapolis, MN 55416

- Please send submission directly to reviewing doctor