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:

- [ ] Candidate Level 1
- [ ] Candidate Level 3
- [ ] 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

- [ ] 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
- [ ] 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, Kuhnsoft for analysis) (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