

Petty Michel & Associates
Chiropractic Assistant Training Program
with Phyllis Frase

Basic Certification in Practice Development Lecture Report Form

In order to receive your certification, you must complete this survey for all six classes and fax or email it back to our office. Note the following: you must list the key points presented, discuss this information with your doctor or fellow teammates, and attest to implementing the information on the job. You must also have your doctor initial each report before you send it back to us. (Please print.)

Name of Student: _____ Date of Class: _____

Name of Doctor: _____

Name of Office/Clinic: _____

Attended a live class, or listened to a recording: (circle one) Class # 1-2-3-4-5-6 (circle one)

Title:

Key points covered:

I discussed this with my doctor(s) staff member(s) (circle which) on (date): _____.

What I learned:

This is how I have put the information to use (please be specific):

Comments.

Doctor's Signature and Date: _____

When completed, Fax to: (414) 332-0909 Email to: CACenter@pmaworks.com

Questions? Call (414) 332-4511 or email CACenter@pmaworks.com