

TAKE YOUR PRACTICE A STEP AHEAD

REGISTER FOR THE NEXT CCSP PROGRAM

DCONLINE

DConline brings you excellence
in sports medicine education.

Open new doors by obtaining a certificate of additional
qualification in chiropractic sports medicine.

Advance your career by becoming a
Certified Sports Specialist

COORDINATOR: Dr. Bill Moreau, DC, DACBSP®, Managing Director of Sports Medicine at the United States Olympic Committee

JOIN US FOR THE 2018 CCSP PROGRAM IN CLEVELAND, OHIO

Hosted by DConline in partnership with the Northeast Ohio Academy of Chiropractic

Join your colleagues and advance your career by becoming a sports specialist. Sports certified Doctors of Chiropractic annually net on average \$35,000 more than their non-sports certified counterparts. Revitalize your career and improve your chiropractic case management skills and clinical competency by becoming certified as a chiropractic sports specialist. Don't miss this outstanding opportunity. **Sign up today!**



HOURS:

SAT: 8:30 AM - 6 PM

SUN: 8:00 AM - 12 PM

FEE: \$2,500 - Payment plans available.
Includes 50 live hours and 50 online hours

LOCATIONS:

St. Vincent's Charity Medical Center
2351 E 22nd St.
Cleveland, OH 44115

EASY WAYS TO REGISTER

- ▶ Call 712-260-2507
- ▶ Use the attached registration form

CEUS provided by SCU.



LEARN MORE!

CONTACT DCONLINE

Phone: 712-260-2507

E-mail: dconline@dconline.org

Web: DConline.org

September 8-9, 2018

THE SPINE, CONCUSSION, AND TEAM PHYSICIAN CONCEPTS
with Darren Hancock, DC, DACBSP®

October 13-14, 2018

CHIROPRACTIC MANAGEMENT OF THE EXTREMITIES
with Anne Sorrentino, DC, DACBSP®

November 10-11, 2018

EMERGENCY PROCEDURES (MANDATORY SESSION)
with Jenna Street, ATC

December 1-2, 2018

CORRELATIVE CASE STUDIES IN SPORTS CHIROPRACTIC
with Dustin Nabhan, DC, DACBSP®



DConline™ FAX BACK REGISTRATION FORM

Please fill out the below information and email to dconline@dconline.org or **Fax** this form to 719.494.8012
OR

Mail to DConline, 3578 Hartsel Dr. Unit E #414, Colorado Springs CO 80920.

Please Print neatly so we can effectively help you.

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

Phone Number:

E-mail Address:

(You MUST enter a valid email address)

Course Title(s):

Your **enrollment ID** will be assigned to you by DConline and sent to the **e-mail address listed ABOVE.**

Credit Card (Master Card, VISA or American Express)*

Name on Card:

CC Number:

Expiration Date:

CVV code

Print Credit Card billing address below **ONLY** if different than above address.

*DConline™ will NOT retain credit card information. This form is shredded after posting tuition charges.

Thank you for using DConline for your educational requirements.

We appreciate you and your business.