

Chiropractic Society of Wisconsin

Staff Billing and Initial Certification Courses (NO CE)

Kalahari Hotel, WI Dells | Friday, Oct 5, 2018 – Sunday, Oct 7, 2018

CSW Member Staff: \$45.00 per class* | Non-member Staff: \$69.00 per class*

*Register by Friday, Sept. 28, 2018. \$20.00 late fee added per class for registration after Sept. 28, 2018.

Friday, October 5, 2018

Mark 'X' to enroll

Initial Staff Certification: Chiropractic Technician Fundamentals – now includes overview, patient history and vital signs – 12 hours 8:00 am – 12:30 pm
(Bring stethoscope and phygomanometer to class)
Non-Certification Course: Top Secret Billing & Collections Tips & Tricks (Conflicts with E-Stim, Ultrasound and Light Therapy Courses) 2:30 pm – 6:30 pm
Initial Staff Certification: Chiropractic Technician Fundamentals (Continued from a.m.) 2:00 pm – 6:30 pm

Saturday, October 6, 2018

Initial Staff Certification: Chiropractic Technician Fundamentals (Continued from Friday) 8:00 am – 11:00 am
Initial Staff Certification: Thermotherapy/Cryotherapy** 11:15 am – 12:15 pm
Initial Staff Certification: Electric Stimulating Currents** (Bring a set of electrodes to class) 1:30 pm – 4:30 pm

Sunday, October 7, 2018

Initial Staff Certification: Light Therapy** 8:00 am – 11:00 pm
Initial Staff Certification: Ultrasound** 11:30 pm – 2:30 pm

**Courses with an ** require the Introduction to Therapeutic Modalities course as a prerequisite. Enrollment or prior completion of Introduction to Therapeutic Modalities is required for certification in modalities.

Total = # of courses ____ x \$45 or \$69 = _____

Registration Information – One registrant per page

Registrant: _____ Chiropractor (Employer) _____

Chiropractor: CSW Member? ____yes (\$45 per class) ____no (\$69 per class)

Billing Address: _____ Mailing Address: _____

Phone: _____ Email: _____

Payment: Credit (below) or check made out to "Chiropractic Society of WI" send to CSW, PO Box 259506, Madison, WI 53725 to arrive by Friday, September 28, 2018.

Select: __ MC __ Visa __ Amex Card number: _____ Exp: ____ CVV: ____

Name as it appears on the card: _____

Fax to the Chiropractic Society of WI 608-824-2205. Call the CSW at 608-609-6383 for more information.