



SOUTH CAROLINA CHIROPRACTIC ASSOCIATION
CONTINUING EDUCATION
ATTENDANCE CORRECTION FORM
2019 SCCA CONVENTION
June 20-23, 2019

COURSE NAME: _____

DATE/TIME/LOCATION: _____

BRIEFLY EXPLAIN THE INACCURACY: _____

Please print all information below:

Name: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

I hereby certify that I attended _____ minutes or _____ hours of education at the above referenced program. Sixty (60) minutes equals one CE hour.

Participant Signature

Date

Completed forms may be emailed to scca@capconsc.com or faxed to 803-252-0589. Forms must be received by July 31st.