



LEARNER EDUCATION

120 S. Spalding Drive • Suite 400 • Beverly Hills, CA 90212
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ACUPUNCTURE ORTHOPEDICS OBSERVATION RECORD

TYPE OF FACILITY

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> CHIROPRACTIC | <input type="checkbox"/> NEUROLOGY | <input type="checkbox"/> ORTHOPEDIC |
| <input type="checkbox"/> OSTEOPATHY | <input type="checkbox"/> PHYSIATRY | <input type="checkbox"/> RADIOLOGY |
| <input type="checkbox"/> RHEUMATOLOGY | <input type="checkbox"/> DENTISTRY | <input type="checkbox"/> PODIATRY |
| <input type="checkbox"/> ANAESTHESIOLOGY | <input type="checkbox"/> OCCUPATIONAL THERAPY | |
| <input type="checkbox"/> PHYSICAL THERAPY | OTHER: _____ | |

NAME OF **CLINICIAN/FACILITY**: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ FAX: () _____

NAME OF **OBSERVER/STUDENT**: _____

DATE ATTENDED THIS FACILITY: ____ / ____ / ____ # OF HOURS: _____

TO BE COMPLETED BY CLINICIAN:

I hereby certify that the above-named Acupuncture Orthopedics student has observed the above number of hours in my facility today.

Signed: _____ Date: ____ / ____ / ____

If you have any questions, please contact Fred N. Lerner, D.C., Ph.D., F.A.C.O. at (800) 838-8584.