Alaska Board of Chiropractic Examiners
Continuing Education Activity Log

NOTE: THIS IS **NOT** TO BE SUBMITTED TO THE BOARD FOR RENEWAL OF YOUR LICENSE. THIS FORM IS BEING PROVIDED FOR **YOUR PERSONAL RECORDS ONLY.**

NAME: _____ **AK License #:**_____

RENEWAL PERIOD: _____

Course Provider	Course/Program Title	AK Course #	Credit Type/Hours	Credit Type/Hours	Credit Type/Hours	Date(s)	Online Y/N	Received Certificate Y/N