



Chiropractic Therapy Assistant Program

Alaska Chiropractic Clinical Assistant Certification
CLINICAL EXPERIENCE PERFORMANCE REPORT

This assessment of entry level minimal competence **must be completed and submitted** as part of the standard application for **Alaska Chiropractic Clinical Assistant through the CTA Program**. If hours were obtained in multiple facilities, please use separate forms for each. In addition to this form, **please submit a log sheet** of the weekly clinical hours completed.

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|--|
| Full Name of the Alaska CCA: _____ |
| Start/End Dates of Supervision Period: _____ |
| Full Name of DC Supervisor: _____ |
| DC's License Number: _____ |
| Full Name of Alternate DC Supervisor: _____ |
| Alternate's License Number: _____ |
| Name of Facility: _____ |
| Facility Phone: _____ |
| Facility Address: _____ _____ |

For Supervisor's Use Only:

Based on the observations for the full term of affiliation of _____ hours as demonstrated in the attached log, I affirm that the above named Alaska CCA ____ Does / ____ Does Not meet or exceed the entry level performance in demonstrating clinical competence in the role of Chiropractic Clinical Assistant within this facility.

Supervisor's Signature

Date