

Seminar Hours Certification Form

(Please print clearly)

Seminar Attendee Name: _____

Phone: _____ Email Address _____

Instructor/Presenter: Your signature certifies that the above attendee has completed the number of hours of instruction on the date(s) locations(s) listed. These hours of Gonstead technique instruction are credit toward their Gonstead Diplomate educational hours.

Gonstead Clinical Studies Society

Presenter Signature:	Course Date(s)	Location	Hours attended

Gonstead Methodology Institute

Presenter Signature:	Course Date(s)	Location	Hours attended

Gonstead Adjusting Academy by Dr. David Currie

Presenter Signature:	Course Date(s)	Location	Hours attended

Gonstead Revolution/Dr. Herb Wood Seminars

Presenter Signature:	Course Date(s)	Location	Hours attended

Gonstead System Academy by Dr. Rick Brescia

Presenter:	Course Date(s)	Location	Hours attended

Gonstead Technique Seminar by Dr. Andrea Cecchi

Presenter:	Course Date(s)	Location	Hours attended

Gonstead Technique Seminar by Dr. Daniel Lyons

Presenter:	Course Date(s)	Location	Hours attended

Gonstead Technique Seminar by Dr. Gregory Plaugher

Presenter:	Course Date(s)	Location	Hours attended

Gonstead Technique Seminar by Dr. Richard Thornton

Presenter:	Course Date(s)	Location	Hours attended

Gonstead Advanced Technique (GAT) Seminars

Presenter:	Course Date(s)	Location	Hours attended

Gonstead Seminars, Inc.

Presenter:	Course Date(s)	Location	Hours attended

Gonstead Chiropractic Society-Australia

Presenter:	Course Date(s)	Location	Hours attended

France Gonstead Seminar

Presenter:	Course Date(s)	Location	Hours attended

Other

Presenter:	Course Date(s)	Location	Hours attended

***Note to attendee:** If the course you attended is not listed here please complete this form and contact Dr. Lydia Dever-GCSS Diplomate Committee Chair (ldever@life.edu) to request a review/approval of other hours/courses that you've attended.