



MONTANA
CHIROPRACTIC
ASSOCIATION

IMPAIRMENT EVALUATION CE

March 10, 2012

7:00 am - 11:30 am
(4 hours)

Best Western GranTree Inn
Bozeman, MT

Faculty:
Mark Stoebe, DC, DABCO

Attendees should have with them the AMA Guides to the Evaluation of Permanent Impairment, Sixth Edition, available from the AMA at 1-800-621-8335 or www.amabookstore.com.

Register online at
www.mtchiro.org

Montana Chiropractic Association
36 S Last Chance Gulch, Suite A
Helena, MT 59601

406-443-1160 (phone)
406-443-4614 (fax)
www.mtchiro.org
sweingartner@rmsmanagement.com

MCA IMPAIRMENT EVALUATION CE

MARCH 10, 2012 ■ BOZEMAN, MT

MCA IMPAIRMENT EVALUATION CE

SCHEDULE

SATURDAY, MARCH 10

6:30 am Registration
7:00 am Impairment Evaluation CE
11:30 am Adjourn

FACULTY



DR. MARK STOEBE is a graduate of the University of Minnesota and Logan College of Chiropractic. He founded Great Falls Chiropractic Clinic. Dr. Stoebe is a Board Certified Chiropractic Orthopedist, a Fellow of the Academy of Chiropractic Orthopedists and a member of the North American Academy of Impairment Rating Physicians. Dr. Stoebe is an ART provider and instructor, teaching throughout the US, Canada and Europe. He has been the ART team lead physician at Coeur d'Alene Ironman since 2003, and provided care at the Ironman World Championship in Hawaii in 2003 and 2008. Patients include NFL, Olympic and local athletes, physicians and the general public. Focus of clinic is orthopedic trauma as well as pre- and post-operative care in conjunction with the local medical community.

ABOUT THE COURSE

This course will provide an overview of the 6th Edition including:

- ◆ Methodology/rules of 6th Edition
- ◆ Functional inventories for each body part
- ◆ Application of physical examination and clinical studies
- ◆ Case studies - spine, UE and LE
- ◆ Selection process of current Montana Utilization and Treatment Guidelines, as well as application

TO MAINTAIN IMPAIRMENT

CERTIFICATION, the state board requires a minimum of four hours of specialized, relevant CE every four years. These hours are in addition to the CE requirement required for a renewed chiropractic license.

LODGING

The MCA Impairment Evaluation CE is being held at the **BEST WESTERN GRANTREE INN** in Bozeman - 1325 N 7th Avenue. Room reservations may be made by calling the GranTree Inn at (406) 587-5261 or (800) 624-5865. Reservations must be made by **February 13**. The hotel is offering special rates starting at \$92, plus tax, per night. Be sure to indicate you are attending the MCA conference.

ADDITIONAL LODGING:

Hilton Garden Inn - 2023 Commerce Way. Phone: 406-582-9900. Make reservations by February 15. Rates start at \$110, plus tax, per night.

Days Inn and Suites - 1321 North 7th. Phone: 406-587-4251. Make reservations by March 1. Rates range \$65-\$89.99, plus tax, per night.

Holiday Inn - 5 E. Baxter Lane. Phone: 406-587-4561. Make reservations by February 24. Rates start at \$109, plus tax, per night.

REGISTRATION & CANCELLATION

REGISTER BY FEBRUARY 20 TO RECEIVE THE DISCOUNTED REGISTRATION RATE. Register online, mail, or fax your registration form with payment to MCA. All cancellations must be received in writing. Cancellations received after February 20 will be refunded less \$50. **No refunds will be made after February 27.**

MCA IMPAIRMENT EVALUATION CE

MARCH 10, 2012 ■ BOZEMAN, MT ■ REGISTRATION FORM

Name: _____

Practice Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax : _____

Email: _____ Cell Phone: _____

REGISTRATION FEES

Full registration includes attendance, conference handouts, and continuing education credits.

	By February 20, 2012	After February 20, 2012
Members Registration	<input type="checkbox"/> \$160	<input type="checkbox"/> \$175
Non-Members Registration	<input type="checkbox"/> \$275	<input type="checkbox"/> \$400

Not a member? Join today and register at member price.
See www.mtchiro.org for member application.

METHOD OF PAYMENT

- Check (Please make checks payable to Montana Chiropractic Association.)
 Visa MasterCard American Express Discover

Card #: _____ Validation Code: _____ Expires: _____

Cardholder Name (please print): _____

Cardholder's Signature: _____

Cardholder Billing Address: _____

PLEASE RETURN TO:

Montana Chiropractic Association
36 South Last Chance Gulch, Suite A
Helena, MT 59601

For questions:

PHONE 406.443.1160

FAX 406.443.4614

E-MAIL sweingartner@rmsmanagement.com

WEBSITE www.mtchiro.org

REGISTER
ONLINE AT
WWW.MTCHIRO.ORG