

**8<sup>th</sup> Annual ACCR Workshop: Resident Educational Workshop  
Saturday, September 18, 2021**

**INFORMATION ABOUT WORKSHOP**

- Date:** Saturday, September 18, 2021
- Time:** 10:00 am – 4:15 pm EDT
- Location:** Zoom Webinars - A formal invitation will be sent closer to the event date
- Organizers:** Ashlee Kates-Ascioti and Lauren Tollefson (contact: [residencyworkshop@accr.org](mailto:residencyworkshop@accr.org))
- Who is invited:**
1. All chiropractors applying for, accepted into, or currently enrolled in a diagnostic imaging residency,
  2. All graduates of residencies waiting to sit for their ACBR examinations are welcome to participate in the workshop.
  3. All chiropractic students interested in applying for a diagnostic imaging residency
  4. All graduate DACBRs are also welcome to attend the workshop as observers.
- Format:** “Hot seat” presentations of cases by volunteer DACBRs who will bring cases that are appropriate for all levels. The participants—residents and students—will discuss each case for a maximum of 5 minutes. This will be followed by comments, suggestions, and questions by the presenter.
- Schedule:** See tentative schedule below
- Fees:** There is no extra charge for this Saturday workshop. However, you must register and pay for the overall ACCR workshop and also complete the following registration form.
- Presenters:** Please have your cases on your computer. You can utilize PowerPoint or PACS. Be aware that if you give remote control to the participants, there may be a delay in scrolling, zooming, etc. Also, please be sure your cases are HIPAA compliant.
- Acknowledgments:** Thank you to Dr. John Taylor for the original organization of this workshop.

## REGISTRATION FORM

**NAME:** \_\_\_\_\_

**DACBR PROGRAM:** \_\_\_\_\_

**I AM A:**  Chiropractic student planning to apply to a diagnostic imaging residency or about to start a residency

Resident       1st year       2nd year       3<sup>rd</sup> year

DACBR       Other (describe) \_\_\_\_\_

I am affiliated with \_\_\_\_\_  
*Name of educational institution*

I plan on attending the resident workshop

Please complete this form and email it as soon as possible to: [residencyworkshop@accr.org](mailto:residencyworkshop@accr.org)