

October 11, 2019

State Board of Chiropractic Examiners

To Whom It May Concern:

This letter is to state that as Director of Parker Professional Programs, I have reviewed the speakers below and determined that they are post-graduate level instructors, through a curriculum vitae or resume, and they have knowledge, training and expertise in the topics to be covered for “Functionally Progressive Rehabilitation for the Chiropractor”. The documentation appears to fall within chiropractic guidelines of the various state boards.

Parker University
Continuing Education
2540 Walnut Hill Lane
Dallas, Texas 75229
www.parker.edu

Kevin Jardine, DC

Please contact me if further information is needed, my direct phone number is 214-902-3492, or via email at pfrase@parker.edu.

Sincerely,



Phyllis Frase-Charrette
Director of Professional Programs

METHOD OF CERTIFYING IN ONLINE ACTIVITIES

1. **Name of Course:** Functionally Progressive Rehabilitation for the Chiropractor
2. **Organization Sponsoring the Course:** Parker University
3. **Course Objective:** To enhance the expertise of the Chiropractic Professional.
4. **Study Hours Required:** 1 Online
5. **Instructor(s):** Kevin Jardine, DC
6. Educational background and experience of instructor(s) is on file in the University offices.
7. **Attendance Verification Method and Certifying Officer:** FL Licensees are required to provide a valid driver's license to be awarded CE. The Online presentation is delivered via web pages in which the participant must review anatomy images, read supporting text, listen to audio instruction, and answer test questions. The time the participant spends on each page is logged and tracked. In addition, the test questions must be passed, or the participant cannot continue on to the following pages. The computerized log files that track the participant's access time and usage will be utilized to validate the attendance and participation. The instructors will be available for questions via e-mail. Upon successful completion, Parker University Continuing Education Department will maintain and distribute attendance records.
8. **Textbooks and/or Equipment Required:** Internet
9. **Outline of Material Covered:** Attached
10. **Location(s):** Computer/Internet Based
11. **Date(s):** Based upon date of actual completion

Course Outline: Questions and Answers will be handled during the class rather than all at the end.

15 Min	Introduction to the use of mindset, movement and metabolism as medicine
15 Min	Mindset as medicine <ul style="list-style-type: none">• Introducing the science of therapeutic neuroscience in the clinical care of common MSK injuries• How to use the mind to change the brain to control pain
15 Min	Movement as medicine <ul style="list-style-type: none">• How movement is effectively used for assessment, intervention and prevention of common MSK injuries.• The motor control mystery
15 Min	Metabolism as medicine closing remarks. <ul style="list-style-type: none">• How to accelerate recovery, manage inflammation and control pain with the use of nutrition for enhanced clinical outcomes.

Curriculum Vitae

Dr. Kevin D. Jardine, D.C., CSCS, ART, Med.Ac

Education:

Bachelor of Science Kinesiology Program, University of New Brunswick, 1994-1998
Concentrations: Exercise physiology and biomechanics

Athletic Therapy Practicum, University of New Brunswick, 1998

Doctorate of Chiropractic, Canadian Memorial Chiropractic College, 2002
Awards: Excellence in Research.

Doctor of Acupuncture, McMaster University Dept. Of Anaesthesiology, 2003

Experience:

Director of Therapeutic Services, 2002-2005
Totum Life Science Sport Medicine Center

President and CEO, 2005-2008
The Urban Athlete (Toronto – multidisciplinary sports therapy facility)

Chief Medical Officer, 2008-present
Nucap Medical Inc

Certifications:

Certified Strength and Conditioning Specialist
Active Release Techniques lower extremity certification
Active Release Techniques upper extremity Certification
Active Release Techniques Spine Certification
Active Release Techniques Nerve Entrapment Certification

Additional:

Sports Medicine and Health Advisor to Maximum Fitness Magazine
Injury and Performance advisor to the Toronto Argos (Professional football team)
Injury and Performance advisor for the Toronto Triathlon Club
Medical Director for Canada's top professional road cycling team
Medical Director for Team Trek Mountain Biking

Dr. Kevin D. Jardine, Curriculum Vitae – Cont.

An Active Member of:

OCA Ontario Chiropractic Association
CCA Canadian Chiropractic Association
CCPA Canadian Chiropractic Protection Association
National Strength and Conditioning Association

Continuing education courses include:

Applied Kinesiology 100 hour fellowship program
Obesity-related health problems: New understanding and new solutions
Therapeutic Laser Practitioner Certification
Society of Weight Training Injury Specialist
Integrated Physical and Nutritional Medicine
Nutritional management of the underlying causes of chronic diseases
Essential Nutrition and Rehabilitation Protocols for Musculoskeletal Care
Principles of injuries and fitness for golf
Stuart Magill's low back stabilization
Clinical implications of neurogenic inflammation
The Institute of Functional Medicine's Symposium on Pain
Acupuncture for sports medicine
Kinesio-tex taping certification
K-Active kinesiology taping certification

ONLINE CE ATTENDANCE CERTIFICATE

Name: _____

Title: Online: XXXX

Address: _____

Course # XXXX

Date: XXXX

City: _____ **State:** _____ **Zip:** _____

Location: Online

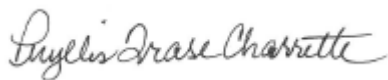
STATE [only one per voucher]: _____ **YOUR STATE LICENSE #:** _____

DO NOT WRITE BELOW THIS BOX

Completion Date	Class Hours	Course Title	Instructor
XX/XX/XX			

TOTAL HOURS ATTENDED: _____

Board Approval No. _____



Phyllis Frase Charrette
Director, Parker Professional Programs

This certificate is to acknowledge your completion of the Online Continuing Education course shown above. This copy is for your records and can be submitted to your board of licensing. Please Note: Verify the information is correct upon receipt – discrepancies will only be accepted up to 6 months after the closing date of the course. Please keep this certificate in a secure place. Any replacement, copy, or fax will incur a \$25 fee per certificate.



These Questions are delivered via the Parker Seminars mobile App.

Quality Feedback Survey

Course Name: _____

Date: _____ Location: _____

How did you hear about this Course?

Parker Brochure School E-mail Referral Parker Web Site Other _____

Please score each speaker on an “A to E” scale, with “A” Extremely Satisfied and “E” being Extremely Dissatisfied.

How would you rate this speaker

a b c d e

Rate the overall content of the session:

a b c d e

Rate the classroom & facilities:

a b c d e

Please add any additional comments:

a b c d e

Is there a certain speaker or topic you would like to see next time?:

a b c d e

12) What topics would be of interest to you for future classes?

Comments:

THANK YOU FOR YOUR FEEDBACK!

The purpose of this quality feedback survey is to provide information to the Instructors and to Parker University about extant standards of performance. **Your response will be held in confidence. You will not be identified in any way by reference to your response. For additional complaints or concerns regarding this program please contact Parker University at 800.266.4723.** Parker University will share the outcomes of this evaluation with the Instructor, and will keep a copy on file in the Continuing Education Office to demonstrate compliance with accreditation standards and requirements.