

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 “The Thrust of What We Do”. 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

William Morgan, 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:** The Thrust of What We Do
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):** William Morgan, 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

Title: The Thrust of What We Do

Name, William E. Morgan, DC

Duration (ex. 1 hour)

Course Description

Chiropractic in Historical Context, Bridging the Past to the Present

Review of the history of modern neurology from 1871 until present with an emphasis on how 19th-century science influenced the work of D.D. Palmer. The course will then proceed to follow the evolution of modern neuroscience and chiropractic to the present day. The lecture will conclude with a review of the most recent research studies and a vision for how to apply them to practice.

Course Objective(s)

1. To understand the 19th-century theory of protoplasmic reticulum and its influence on the theory of chiropractic.
2. To understand the historical context of the discovery of chiropractic and its progression to modern times.
3. Provide a pragmatic approach to utilizing modern neuroscience in treating patients.
4. Provide an up-to-date review of the latest advances in chiropractic and neuroscience research.

Course Outline

(10 -15 min)

1. Introduction; provide a historical construct of neuroscience in the late 19th and early 20th centuries. Review the early writings of DD and BJ Palmer.

(10-15 min)

2. Relate the discovery of modern neuroscience and its implications in clinical practice.

(10-15 min)

3. Share opportunities for changing the way we think about clinical neurology and how we can apply this to our clinical practice.

(10-15 min)

4. Bring the lecture to a logical conclusion tying the historical context of the 19th century to modern practice and conclude with a brief review of the landmark research publications from the past 18 months. Finally, the doctors will hear how to apply this knowledge to their clinical practices.

Curriculum Vitae

Name: William E. Morgan, D.C.

Address and Phone Number:

Office of the President
Parker University
2540 Walnut Hill Lane,
Dallas, TX 75229

Work Email: Wmorgan@Parker.edu
Private Email: MorganDC@gmail.com

SSN: XXX XX 6420

National Provider Identification Number: 1841251436

Marital Status: Married to Fellow Chiropractor Clare Morgan since 1987

Education:

Prerequisites for chiropractic college. Diablo Valley College 321 Golf Club Road, Pleasant Hill, CA 94523	January 1982
Doctor of Chiropractic, Palmer College of Chiropractic-West. 90 E. Tasman Drive, San Jose, CA 95134	September 20, 1985
Bachelor of Science. The University of the State of New York at Albany (now Excelsior College). 7 Columbia Circle, Albany, NY 12203-5159	December 20, 1996

Post-Doctoral Credentials:

Fellowship in Integrated Medicine (2000 hours). National Naval Medical Center, Bethesda Texas Chiropractic College credentialed this fellowship Texas Chiropractic College 5912 Spencer Highway Pasadena, Texas 77505-1699	May 31, 2004
Diplomate American Academy of Pain Management (DAAPM), 2004 American Academy of Pain Management 13947 Mono Way #A Sonora, CA 95370	July 19, 2004
Battlefield Acupuncture/Articular Acupuncture Camp David Medical Department Thurmont, Maryland	January 15, 2014
Selective Functional Movement Assessment	September 6, 2014

Certification Course
Walter Reed National Military Medical Center, Bethesda, Maryland

Graston Myofascial Release Certification Course 2002

Employment History

Name and Address of Employer	From	To
(1) Parker University, President 2540 Walnut Hill Lane, Dallas, TX 75229	June 15, 2016	Present

Work Performed: Duties of university president and head of Parker Seminars.

(2) U.S. Navy National Naval Medical Center (NNMC) Bethesda, Maryland 1998-2011 Walter Reed National Military Medical Center 2011-Present	1998	2016
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Work Performed: Chiropractic care, department head responsibilities (NNMC), research coordinator, patient advocacy, lecturing, supervision of other clinic personnel, provide care to distinguished visitors, and implementation of rehabilitation programs.

Chiropractor to Congress: Maintain a clinical practice within the U.S. Capitol building working in the Office of the Attending Physician twice a week providing care to the U.S. Congress and the Supreme Court.

Provide chiropractic care at the White House and Camp David as a visiting consultant.

Train and supervise medical and chiropractic students, interns, and residents. Train dental residents (oral facial pain specialty training) rotating through the chiropractic department.

Research investigator.

	From	To
(2) United States Naval Academy Annapolis Maryland	August 12, 2009	June 8, 2016

Worked Performed: Provide chiropractic care to elite athletes as the chiropractor to the United States Naval Academy football team; provide care for Naval Academy athletes after practices, prior to games, and on the sidelines of games. This position requires collaboration and integration with physicians, trainers, coaches, physical therapists, and nutritionists.

ONLINE CE ATTENDANCE CERTIFICATE

Name: _____

Title: Online: XXXX

Address: _____

Course # XXXX

Date: XXXX

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

Location: Online

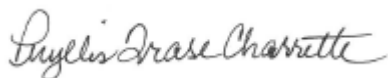
STATE [only one per voucher]: _____ **YOUR STATE LICENSE #:** _____

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.