



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 “PracticeFIT: Failure Not Required; Aligning Subluxation Science, Office Procedures, & Lifestyle Balance”. 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

Brad Glowaki, 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,

A handwritten signature in black ink that reads 'Phyllis Frase Charrette'. The signature is written in a cursive style and is positioned above the printed name.

Phyllis Frase-Charrette
Director of Professional Programs

METHOD OF CERTIFYING IN ONLINE ACTIVITIES

1. **Name of Course:** PracticeFIT: Failure Not Required; Aligning Subluxation Science, Office Procedures, & Lifestyle Balance
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):** Brad Glowaki, 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

PracticeFIT: Failure Not Required; Aligning Subluxation Science, Office Procedures & Lifestyle Balance

Brad Glowaki, DC

1.0 Hours

Course Descriptions

Patients primarily seek chiropractic care because of pain. In this session, you will learn how to communicate with patients that pain is not the only reason to seek chiropractic care. Dr. Glowaki will discuss how to meet patients where they are currently and show them what is possible in the 'lifetime value' of continued care. Applying critical thinking skills and determining clinical necessity will be addressed. Dr. Glowaki will show you how as the doctor to stay balanced in the process.

Course Objectives

Attendee will receive insight on how to maintain a personal healthy lifestyle while still communicating and essential care to their patients.

Course Outline

20 Min - Utilizing cutting-edge science to pre-qualify patients for care & establish the necessity for care

20 Min - Socratic questions to drive value & identify Chief complaints

20 Min- Subluxation Models of care through Mechanoreceptive recommendations

Bradley M. Glowaki, B.S., D.C.
13001 Seal Beach Boulevard Suite 300
Seal Beach, CA, 90740
U.S.A
(562) 596-9854

EDUCATION

Los Angeles College of Chiropractic
Whittier, CA 8/95-12/98

- Doctorate of Chiropractic December 1998
- Dean's List

University of Delaware 8/91-5/95

- B.S. in Biology, 1995
- Athletic scholarship in lacrosse
- Division 1 lacrosse team captain

LICENSE **California - Active in good standing NO. DC26054**

WORK EXPERIENCE

Champion Chiropractic Seal Beach, CA 1999-2013

- Sole proprietor

Glowaki Chiropractic Corporation 2013-Present

- Chiropractic Corporation

State Association Speaker for Re-Licensing Credit

- California 2009-2011
- Washington 2008-2011
- Ohio 2009

2008 California Chiropractor of the Year

- "Boderman Award" for elevating the professional image of chiropractic in the state of California.

2010 Chiropractic Leadership Alliance (CLA)

- International Ambassador of Chiropractic

2012 Parker Seminar Speaker

- 2012 Parker Seminars "Chiropractor of the Year"

2012 International Chiropractor of the Year

This Curriculum Vitae is true and correct as of 4/20/2017
Dr. Brad Glowaki B.S., D.C.

ONLINE CE ATTENDANCE CERTIFICATE

Name: _____

Title: Online: XXXX

Address: _____

Course # XXXX

Date: XXXX

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

Location: Online

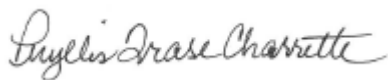
STATE [only one per voucher]: _____ **YOUR STATE LICENSE #:** _____

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.