



Amy Boright Porchetta, CFRE – Executive Director
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Steps to Complete CEU Affidavit and Letter of Attestation

Please find below the steps needed to complete your affidavit and obtain CEU's that you are missing from ANJC programs ONLY. We do not do Affidavits for ANJC Webinars. The steps outlined below are set forth by the New Jersey State Board of Chiropractic Examiners and must be followed precisely to ensure you are able to receive your CEU's.

Once we receive your documents and they are in compliance, we will process the paperwork accordingly.

To complete the 2-step process:

1. Complete the attached Affidavit
2. Complete the Letter of Attestation

All courses, for which you are seeking approval, must be broken out as:

- The exact title of the program
- The sponsor [i.e. ANJC Seminar, ANJC NEC Seminar, ANJC NEC Seminar, Convention, etc.]
- The event date [MM/DD/YY]
- The event location
- The # of credit hours
- If you are seeking credits for a full convention, you can write "Fall Convention" and the year and location or "Spring Convention" and the year and location on the *Affidavit*; however, the *attestation letter* must break out all classes from the convention as listed above.

Templates and examples are included below to assist in completing your paperwork. Make sure you sign both documents!

Both the affidavit and attestation letter must be submitted to ANJC either via fax (908.722.5677), or email back to Amy Boright Porchetta, Executive Director, at info@anjc.info.

Once we receive the documents, we will review them to ensure they are in compliance. If there is a problem with the paperwork, we will contact you to assist in correcting the information.

Our goal is to ensure you are able to get all of the credits you have completed through ANJC. If you have any questions during the completion of the documents, please do not hesitate to contact us at 908-722-5678.



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AFFIDAVIT

I _____ [YOUR NAME], of full age, do hereby certify under penalty of perjury the following:

1. I am a chiropractic physician licensed in the State of New Jersey and am a member in good standing of the Association of New Jersey Chiropractors (“ANJC”).
2. On _____ [DATE], I attended a continuing education course conducted by the ANJC on the topic/s of

[TOPIC/S, VENUE, LOCATION].
3. This course provided _____ [# CREDITS] credits toward my New Jersey Chiropractic Continuing Education Requirements.
4. I hereby certify that I attended the above course for the entire course period and did not leave prior to its conclusion.
5. Due to an error, the Continuing Education Credit paperwork was not completed resulting in the ANJC being unable to certify my attendance and entitlement to the credits.
6. I make this certification in lieu of the Continuing Education Credit paperwork to receive the credits that I am entitled to.
7. I understand that if this Certification is false, the ANJC will notify the New Jersey Board of Chiropractic Examiners and I may be subject to discipline by the Board and may adversely affect my ANJC membership.

Certified this _____ day of _____ 20_____

Signature: _____

Name: _____

Address: _____

NJ DC License #: _____

Signature: _____
Amy Boright Porchetta, Executive Director

Date

TEMPLATE – Please feel free to copy and paste the below template onto your letterhead.

Doctor's Letterhead Here

I, Dr. _____, attest to the attendance of the following continuing education courses that were provided by ANJC:

Seminar:

Title: _____

Sponsor: _____ # CEUs: _____

Location: _____ Dates: _____
Venue, City MM/DD/YY – MM/DD/YY

Time: _____
00:00 AM/PM – 00:00 AM/PM

Convention:

Please circle one: Spring Fall Year: _____

Sponsor: _____ # CEUs: _____

Location: _____ Dates: _____
Venue, City MM/DD/YY – MM/DD/YY

1) Course Title: _____ # CEUs: _____

2) Course Title: _____ # CEUs: _____

3) Course Title: _____ # CEUs: _____

4) Course Title: _____ # CEUs: _____

5) Course Title: _____ # CEUs: _____

6) Course Title: _____ # CEUs: _____

7) Course Title: _____ # CEUs: _____

8) Course Title: _____ # CEUs: _____

9) Course Title: _____ # CEUs: _____

10) Course Title: _____ # CEUs: _____

11) Course Title: _____ # CEUs: _____

Sincerely,

Signature: _____ Date: _____ [MM/DD/YY]

Please Print Name: Dr. _____