

Bustin Seminars Continuing Education For 2022

www.bustinseminars.com To Check CDPH-RHB & CA BCE Requirements

DATE	COURSE	Venue	Time	Total CEC	X-Ray CEC	Price
June 6, 9, 13 & 16, 2022	Prep Course for NEW ARRT-Administered CDPH-RHB Radiography X-Ray Supervisor & Operator Permit Exam	Live Webinar 12 Hours Live Plus All 12 Hours Recorded For Study On Your own Time	7:00pm To 10:00pm PST, Four Evenings, Total 12 Hours	N/A	N/A	\$150
July 30 Saturday	5 Hours X-Ray In 1 Webinar Digital X-Ray CA-A-22-02-02243	Live Webinar Live Interactive Videoconferencing	8:00AM	5	5	\$60
September 24 Saturday	5 Hours X-Ray In 1 Webinar Cervical Spine CA-A-22-05-04022	Live Webinar Live Interactive Videoconferencing	8:00AM	5	5	\$60
October 22 Saturday	5 Hours X-Ray In 1 Webinar Thoracic & Lumbar Spine CA-A-PENDING	Live Webinar Live Interactive Videoconferencing	8:00AM	5	5	\$60
December 17 Saturday	5 Hours X-Ray In 1 Webinar Cervical Spine CA-A-22-05-04022	Live Webinar Live Interactive Videoconferencing	8:00AM	5	5	\$60

5 Hours X-Ray In 1 Webinar BCE Approval listed above. Cost for the 5 Hours X-Ray Webinar is \$15 per hour, 3 hours minimum, or \$60 for all 5 hours. The Supervisor Exam Prep Course takes place over four evenings from 7:00PM to 10:00PM and will be recorded so it can be used for study on your own time. Cost for the supervisor exam prep course is \$150. More information: <https://www.bustinseminars.com/course-details>

Please fill-out this form CLEARLY and fax to: 909-599-8689 or email to: gbustin@verizon.net or slbustin@verizon.net. Pay by credit card or Paypal from: <https://www.bustinseminars.com/register-a-payment> or mail a check or money order payable to: Bustin Seminars, PO Box 304, San Dimas CA 91773-0304. Questions, please phone: 909-599-0237 or send us an email.

2022 Seminar Registration Form -- Please Print Clearly Or Type

DC License #: _____ Print Email Clearly **TWICE**: _____

License State: _____ Phone: (_____) _____ Fax: (_____) _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Seminar Date and # Hours Desired: _____

Expiration Date CA XSOP: _____ Expiration Date DC License: _____