

**Official Mailing  
Address:**

**Official Mailing Address:**

**RONNIE FIRTH, DC,  
DACBR**  
**Exam Coordinator**  
1000 Brady Street  
Davenport, IA 52803  
Phone: (563) 884-5843  
Fax : (563) 884-5242  
E-mail: [firth\\_r@palmer.edu](mailto:firth_r@palmer.edu)

**TIMOTHY MICK, DC,  
DACBR**  
**President**  
565 Arlington Ave West  
St Paul, MN 55117  
Phone: (651) 487-2429  
Fax: (651) 489-4821  
E-mail:  
[mickici@msn.com](mailto:mickici@msn.com)

**ROBERT TATUM  
DC, DACBR**  
**Treasurer**  
PO Box 2291  
Davenport, IA 52809  
Phone: (563) 884-5665  
Fax: (563) 884-5242  
E-mail:  
[Tatum\\_R@Palmer.edu](mailto:Tatum_R@Palmer.edu)

**MARGARET SERON, DC,  
DABCO, DACBR**  
**Vice President**  
PO Box 21510  
Boulder, CO 80308  
Phone: (303) 460-9009  
Fax: (303) 554-0974  
E-mail:  
[pegseron@comcast.net](mailto:pegseron@comcast.net)

**DOUG GREGERSON, DC, DACBR**  
**Secretary**  
0S630 Preston Circle  
Geneva, IL 60134  
Phone: (630) 845-0862  
Fax: (630) 578.1018  
E-mail: [acbrsecretary@yahoo.com](mailto:acbrsecretary@yahoo.com)

**CLIFF TAO, DC, DACBR**  
**Member-at-large**  
P.O. Box 9161  
Anaheim, CA 92812  
Phone: (714) 876-1126  
Fax: (714) 844-9203  
E-mail: [c\\_tao@yahoo.com](mailto:c_tao@yahoo.com)

### CANDIDATE TESTIMONY OF CASE INVOLVEMENT

This is to testify that I had direct, personal involvement in acquiring the cases I am submitting for the oral presentation portion of the American Chiropractic Board of Radiology Part 2 examination. Furthermore, I affirm that the reports on these cases are original, generated by me and not copies or merely rewording or reorganization of reports previously generated by someone else. By signing below, my residency director also attests to the truthfulness of these statements.

ACBR Examinee \_\_\_\_\_  
(Print Name) (Sign Name) (Date)

Residency Director \_\_\_\_\_  
(Print Name) (Sign Name) (Date)