

Chiropractic Student Preceptorship Program
Preceptor's Application

1. Name: _____
 Address: _____
 Telephone: _____

2. From what college and what year did you graduate?

3. Date of original licensure: _____ License # _____

4. How many years have you been in Active practice? _____

5. Do you have a valid malpractice policy as listed under Rule (d)(3) of the preceptorship rules that also covers all physical therapy modalities? _____
 Please specify company: _____
Please provide a copy of your policy with this application.

6. Do you presently have or have you ever had charges filed against you before the Arkansas State Board of Chiropractic Examiners? _____
 If yes, please explain _____

7. Do you perform the following procedures on each new patient?
 a. History/Consultation _____
 b. Physical/Examination _____
 c. Working/Final Diagnosis _____
 d. Health Care Regimen _____

8. Please indicate the percentage of the following techniques that are used in your practice.

	Diversified		Specific Upper Cervical		Cranial
	Gonstead		Biophysics		Acupuncture
	Thompson		Pettibon		Taping/Strapping
	Cox Flexion Distraction		SOT		Therapeutic Exercise
	Activator		Applied Kinesiology		
	Instrument Manipulation/Adjustment			Extremity Manipulation/Adjustment	
	Other Please specify:				

9. Please indicate the following physical therapy modalities used in your practice:
 (please check all that apply.)

	Diathermy		Ultrasound		Iontophoresis
	G-5/Massage		Traction Devices		AC-DC Muscle Stimulation
	Infrared		Ultraviolet		Laser
	Cryotherapy		Galvanic		Spray-Stretch with vapo-coolant spray
	Hydrotherapy		Hydrocollator Pac		
	Other, please specify:				

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10. Do you use supports and appliances (orthotics)? _____
11. Do you have an X-ray device? _____
12. Nutritional Counseling / Diet Therapy? _____
13. Do you do your own lab work? _____
If no, do you send your work out? _____
If yes, please specify the facility _____
14. Are you able to order any diagnostic procedures from your local hospital(s)? _____
If yes, please specify the facility _____
15. Do you handle insurance, P.I., Worker's Compensation, etc. cases? _____
16. Will your office teach insurance, personal injury, workers compensation, etc., procedures to the student? _____

I have read, understand and will conform to the laws, rules and/or guidelines set by the Arkansas State Board of Chiropractic Examiners and the respective Chiropractic College's criteria for the Chiropractic Student Preceptorship Program. I state herewith that I will abide by the Chiropractic College and the Arkansas State Board of Chiropractic Examiners program rules.

I will be on the premises, directly supervising, at all times when the student performs any chiropractic procedures in the office/hospital/clinic.

Preceptor's Signature

Chiropractic Student Preceptorship Program

FINANCIAL AGREEMENT
(if applicable)

Preceptor

Date

Student's Duties:

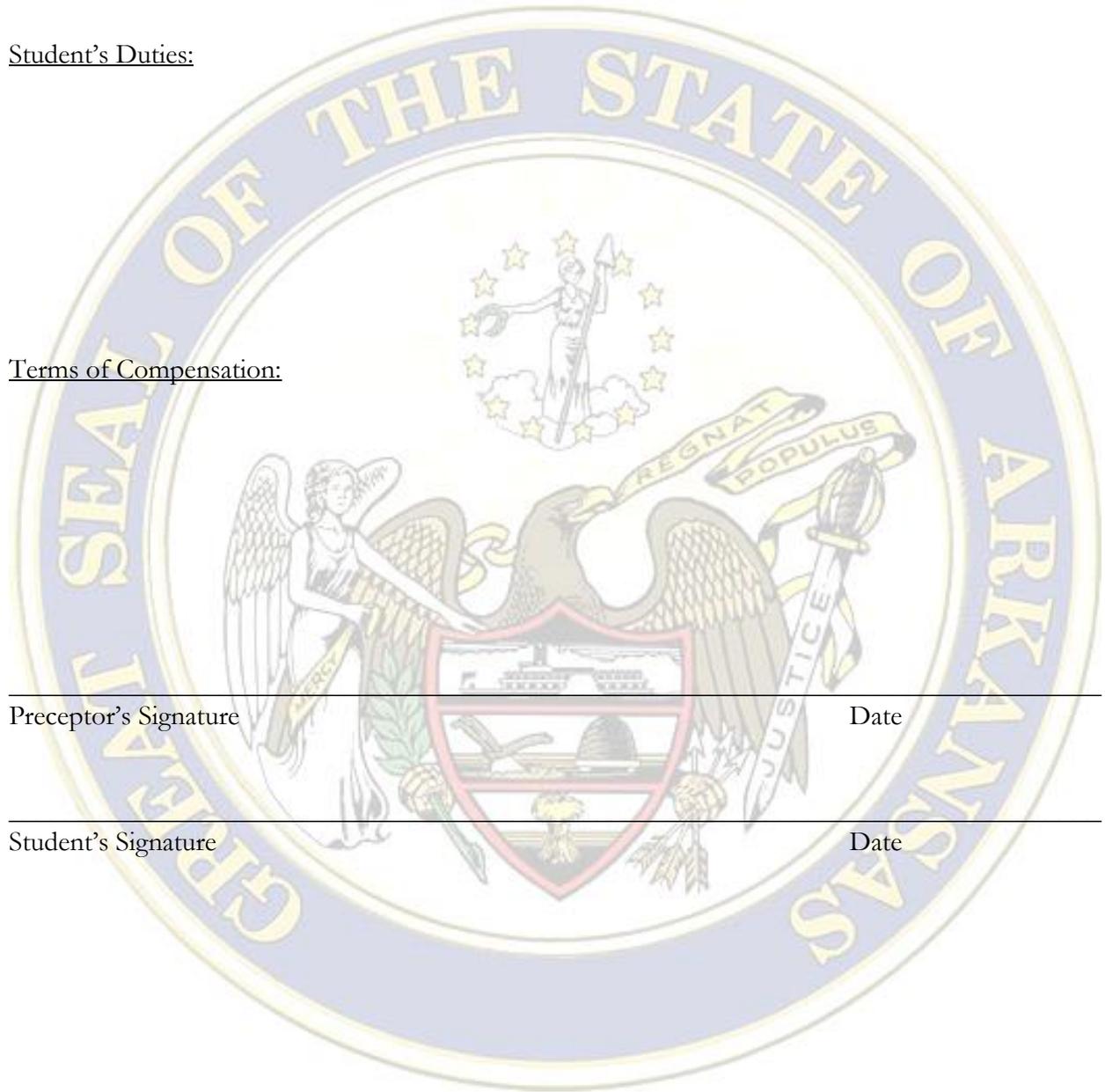
Terms of Compensation:

Preceptor's Signature

Date

Student's Signature

Date



Chiropractic Student Preceptorship Program

**AFFIDAVIT
PRECEPTOR'S STATEMENT OF UNDERSTANDING**

I, _____, have read the provisions of the Chiropractic Student Preceptorship Program, and do hereby swear and affirm that I am familiar with and will fully comply with all statutory and rule requirements. I further understand that while the student is participating in the program, I and the approved student must be covered under a malpractice insurance policy. Students participating in the office or hospital will perform only the procedures approved in this program. I agree to be on the premises, directly supervising, at all times when the student performs any chiropractic procedures. I understand this agreement to be binding as long as I remain a preceptor and/or retain adjunct faculty status through a chiropractic college participating in the Chiropractic Student Preceptorship Program.

Student: _____

Dates of preceptorship: _____ to _____

Location: _____

I realize that failure to properly supervise this student may result in disciplinary action being taken by the Board.

Preceptor's Signature

Date

State of Arkansas

County of _____

On this the _____ day of _____, 20____, before me, _____, the undersigned notary, personally appeared _____ known to me (or satisfactorily proven) to be the person whose *name is* subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Notary Public

My Commission expires: _____