



NORTH DAKOTA BOARD OF CHIROPRACTIC EXAMINERS

P.O. Box 185 · Grafton, ND 58237

Phone: (701) 213-0476 · Fax: (855) 450-2153 · Email: contact@ndsbce.org · Web: www.ndsbce.org

PRECEPTORSHIP – STUDENT INTERN APPLICATION & PROCEDURES

ND Century Code 43-06-02(2) authorizes the preceptorship program. It reads: Students duly enrolled in a college of chiropractic approved and accredited by the council on chiropractic education, or its successor or equivalent, who have completed chiropractic studies and who are continuing their training under a preceptorship program and performing the duties of an intern under the supervision of a chiropractor licensed in the state of North Dakota who has received approval to supervise such internship by the board and said students having received approval to participate in such internship by the board and by the chiropractic college or university.

ND Administrative Code 17-02-01-01.2(3) Defines Preceptorship; Intern; and Direct Supervision

17-02-01-01.2(3)(f) Preceptorship: means a short-term structured clinical education experience in an off-campus clinic under the direct supervision of a sponsoring licensed doctor of chiropractic for qualified chiropractic students.

17-02-01-01.2(3)(d) Intern: an unlicensed chiropractic student qualified to participate in the preceptorship program and approved by a college of chiropractic and the board. An intern has the abilities to observe a sponsoring licensed chiropractor caring for patients; have supervised participation in patient care, such as adjusting patients, performing examinations, and taking x-rays; participation in and performance of patient education and health care classes; and participate in administrative responsibilities, such as office procedures, filing, record keeping, billing, and staff meetings.

17-02-01-01.2(3)(a) Direct supervision: means a licensed chiropractor must be on the same premises as the intern when the intern is performing any patient care procedure and be readily available to the intern and patient.

Any violations of the North Dakota Century Code or North Dakota Administrative Rules may result in disciplinary action by the North Dakota Board of Chiropractic Examiners.

APPLICATION CHECKLIST:

- 1) The student intern application must be notarized.
- 2) Official recommendation from the outpatient clinical director of the college is required.
- 3) If malpractice insurance coverage is not provided and verified by the college, the evidence of coverage must be provided by the sponsoring doctor.
- 4) The sponsoring doctor(s) must be approved by the chiropractic college to participate in the preceptorship.
- 5) The sponsoring doctor(s) must complete the attached application page.
 - a. If the student will be interning under multiple sponsoring doctors, approval for each must come from the chiropractic college and each sponsoring doctor must complete and submit the attached application page.
- 6) All applications must be complete and provided to the Board for approval prior to implementing the program.
- 7) The authorization of the preceptorship terminates on graduation day.
- 8) The applications may be emailed, faxed, or mailed to the Board.
 - a. We encourage and prefer the submission of all application materials in a single packet.

The ND Board of Chiropractic Examiners encourages student interns to submit the ND Application for Chiropractic Licensure as soon as they begin their final term in order to have the license issued as soon after graduation as possible.



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APPLICATION FOR STUDENT INTERN

Please type or print legibly.

1) Full Name: _____

2) Mailing Address: _____

3) Email Address: _____

4) Chiropractic College Enrolled in: _____

5) Anticipated Date of Graduation: _____

6) Sponsoring Doctor(s): _____

TO BE COMPLETED IN FRONT OF NOTARY PUBLIC:

I certify that the above statements are true and correct.

Signature of the Applicant: _____

State of _____

County of _____

Signed and acknowledged before me this _____

day of _____, _____.

Signature of Notary Public

My commission expires: _____

(Notary Seal/Stamp)



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Sponsoring Doctor's Application

Please type or print legibly.

Name: _____

ND License Number: _____

Clinic Physical Address (address/city/zip):

If you will be utilizing multiple locations for the preceptorship, please provide addresses for all locations:

Clinic Phone: _____ Fax: _____

Email Address: _____

Name of Malpractice Insurance Company and the Policy Number: _____

I understand that any violation of North Dakota Century Code § 43-06 and/or North Dakota Administrative Rules Title 17 may result in a disciplinary action by the North Dakota Board of Chiropractic Examiners.

Signature of Doctor

Date