North Dakota
State Board of Chiropractic Examiners

P.O. Box 185 · Grafton, ND 58237

Phone: (701) 213-0476 · Fax: (701) 352-2258 · Email: contact@ndsbce.org · Web: www.ndsbce.org

T10/PRECEPTORSHIP APPLICATION AND 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 supervisions 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.

1) The application must be completed and notarized.

2) Must be a final semester student in a C.C.E. accredited chiropractic college or university.

3) Must show evidence of malpractice insurance from the college or sponsoring doctor.

4) Must have fulfilled all C.C.E. basic and clinical science outpatient clinic requirements for graduation.

5) Must be sponsored by an approved doctor of chiropractic, in good standing, with at least three years of experience. The D.C. must have a current and valid North Dakota license. He/She must not be under investigation, probation, or suspension.

6) Both the applicant and sponsoring doctor must be approved by the Board of Examiners and have a completed application on file with the Board prior to implementing the program.

7) Adherence to all C.C.E., or equivalent, standards covering preceptorships.

8) Interns have the right to adjust patients under the supervision of the preceptor.

9) Interns must participate in the clinical procedures required to arrive at a diagnosis or clinical impression.

10) Interns must be under the supervision of a preceptor at all times when performing clinical duties on a patient.

11) The intern must have the recommendation of the outpatient clinical director.

12) The authorization of the preceptorship terminates on graduation day.

13) The applications may be sent, faxed, or emailed to the ND Board of Chiropractic Examiners.

14) Any violations of this chapter may result in disciplinary action by the Board of Examiners.

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APPLICATION FOR T10/PRECEPTORSHIP

Please type or print legibly.

1) Applicant's Full Name: _____

2) Mailing Address: _____

3) Email Address: _____

4) Chiropractic College Enrolled in: _____

5) Date of Graduation: _____

6) Have you fulfilled all C.C.E. basic and clinic sciences and outpatient clinic requirements for graduation? _____

7) Sponsoring Doctor or Doctors: _____

8) Must Submit Evidence of Malpractice Insurance.

9) Verification of preceptor recommendation from the outpatient clinical director of the college of attendance.

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 _____ , _____. *(Notary Seal/Stamp)*

_____

Signature of Notary Public

My commission expires: _____

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Sponsoring Doctor's Application for Preceptorship or Proctorship Programs

Please type or print legibly.

1) Doctor's Name: _____

2) Clinic Address: _____

3) Phone: _____ Fax: _____

4) Email Address: _____

5) Date of Graduation: _____

6) List the state(s) in which you are currently licensed to practice chiropractic: _____

7) Are all of your chiropractic licenses in good standing? _____

8) Are you currently under investigation or have a pending complaint? _____

9) Have any of your chiropractic licenses ever been on probation, suspension, or revoked? _____
*** If you respond yes to this question, you must provide separate written details.

10) Number of years you have been in active practice? _____

11) Provide your Malpractice Insurance Company and the Policy Number: _____

_____

The sponsoring doctor must be present in the facilities at all times for either the preceptorship or proctorship program.

_____ _____

Sponsoring Doctor's Signature *Date*