



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

PROCTORSHIP APPLICATION AND PROCEDURES

ND Century Code 43-06-02(3) authorizes the proctorship program. It reads: A graduate of any approved and accredited college of chiropractic who has for the first time made application for license by examination to practice chiropractic in the state of North Dakota, and who, under the supervision of a North Dakota licensed chiropractor, performs the duties of an intern, provided that a supervising chiropractor has certified to the board that the graduate is of good character and competent chiropractic ability. The authorization granted by the board terminates within fifteen months from the date issued by the board.

- 1) Graduates of a C.C.E. accredited chiropractic college or university are eligible for proctorship.
- 2) The ND application for chiropractic licensure, along with the application fee, must be submitted to the Board. The online application can be found on the Board's website: www.ndsbce.org.
- 3) A copy of your official chiropractic college or university transcript, with proof of graduation, must be submitted to the Board directly from the institution.
- 4) The graduate must show proof of malpractice insurance.
- 5) The graduate 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) The Board of Examiners must approve the sponsoring doctor in advance.
- 7) Adherence to all C.C.E., or equivalent, standards covering proctorships.
- 8) Graduates have the right to adjust patients under the supervision of their proctor.
- 9) Graduates must participate in the clinical procedure required to arrive at a diagnosis or other clinical impression.
- 10) Graduates must be under the supervision of their proctor at all times when performing clinical duties on patients.
- 11) All applications concerning the proctorship program shall be transmitted to the Board of Examiners for pre-approval.
- 12) Any violations of this chapter will result in disciplinary action by the Board of Examiners.



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APPLICATION FOR PROCTORSHIP

Please type or print legibly

1) Applicant's Full Name: _____

2) Mailing Address: _____

3) Email Address: _____

4) Which chiropractic college did you graduate from? _____

5) Sponsoring Doctor or Doctors: _____

6) Clinic Address: _____

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