



# 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](mailto:contact@ndsbce.org) · Web: [www.ndsbce.org](http://www.ndsbce.org)

## GRADUATE INTERN

**North Dakota Century Code 43-06-02** (which is the section on exemptions to licensure) authorizes the graduate internship. N.D.C.C. 43-06-02(3) reads: This chapter does not apply to:

3. A graduate of a program who has not completed the examination requirements in section 43-06-10.1 who applies for a graduate internship under this exception:
  - a. The graduate, under the supervision of a North Dakota licensed chiropractor, shall perform the duties of an intern.
  - b. The graduate shall submit an initial application for North Dakota licensure.
  - c. The graduate must be sponsored by a chiropractor with a current and valid North Dakota license in good standing, including no active complaints, with at least three (3) years of experience.
  - d. The graduate and the licenseholder shall provide proof of malpractice insurance.
  - e. The graduate intern authorization granted by the board terminates within fifteen (15) months from the date issued by the board.

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

**17-02-01-01.2(3)(c) Graduate Intern:** means an unlicensed graduate of a chiropractic college qualified to participate in the graduate intern program and approved by a college of chiropractic and the board. A graduate 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; participate in and performance of patient education and health care classes; and participate in administrative responsibilities.

**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.

### APPLICATION CHECKLIST:

*Please submit or have the following items submitted to the Board. The graduate internship will not be approved until all application items below are received. The application items may be submitted electronically.*

- \_\_\_\_\_ Application for ND Chiropractic Licensure & Application Fee (online or paper application)
- \_\_\_\_\_ Official Chiropractic College Transcript to be provided to NDBCE (must come directly from the chiropractic college to the NDBCE).
- \_\_\_\_\_ Application for Graduate Intern
- \_\_\_\_\_ Proof of Malpractice Insurance – either independent coverage or coverage under sponsoring doctor(s). *Contact the board office if the insurance carrier requires any verification or authorization from the Board.*
- \_\_\_\_\_ Sponsoring Chiropractor(s) Application. If interning under multiple chiropractors, each sponsoring chiropractor will need to submit an application page.



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## APPLICATION FOR GRADUATE INTERN

APPLICANT INFORMATION: (PLEASE PRINT OR TYPE LEGIBLY)

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CHIROPRACTIC COLLEGE: \_\_\_\_\_

SPONSORING DOCTOR(S): \_\_\_\_\_  
\_\_\_\_\_

MALPRACTICE INSURANCE: (PLEASE SELECT)

\_\_\_\_\_ I have independent coverage and I have attached proof to my application.

\_\_\_\_\_ I will have coverage under my sponsoring doctor, and they will attach proof to their application.



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## Sponsoring Chiropractor'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 internship, please provide addresses for all locations:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clinic Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Malpractice Insurance Company and the Policy Number: \_\_\_\_\_

*You must attach proof of coverage for the intern if they will be covered under your policy. Contact the board office if your insurance carrier requires any verification or authorization from the Board.*

*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 Chiropractor*

\_\_\_\_\_  
*Date*