

PALMER  
COLLEGE OF CHIROPRACTIC,  
WEST CAMPUS

POSTGRADUATE PRECEPTORSHIP  
PROGRAM

PROGRAM GUIDELINES AND  
APPLICATION

POSTGRADUATE PRECEPTOR PROGRAM PC521

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*PROGRAM GUIDELINES*

**I. The West Campus Preceptorship Program**

Palmer College of Chiropractic West has chosen to enhance its continuing education curriculum by providing graduates with the opportunity to gain pre-licensure experience by working with practicing doctors of chiropractic.

**A. Purpose**

This program provides practical clinical and business experience to graduates via a program that is overseen by Palmer College of Chiropractic West. Additionally it provides the preceptor assistance and encourages continuing graduate education of licensed field doctors and unlicensed graduates through a close relationship with an academic institution.

**B. Objectives of the Preceptorship Program**

Preceptorship Program goals are: to gain practical clinical and business experience and to become acquainted with members of the chiropractic profession in the preceptorship state of residence; to provide an avenue for the Intern to learn office reporting procedures peculiar to the location of preceptorship; to provide access to possible associate positions; and to act as a springboard to successful chiropractic practice.

**C. California State Code of Regulations, Section 312**

Under Section 312 of the laws and regulations relating to the practice of chiropractic in the state of California: "An "unlicensed individual" is defined as any person, including a student or graduate of a chiropractic institution, who does not hold a valid California chiropractic license. An exemption is hereby created for student doctors participating in board approved preceptorship programs." Further in that section it states: "Student doctors participating in board approved preceptorship programs are not to be considered "unlicensed individuals" when working in said program."

The executive director of the Board of Chiropractic Examiners also states that: "The Board considers individuals holding chiropractic college degrees (graduates) who are enrolled in course work and board-approved preceptorship programs as also meeting the exemption requirements of that section."

**II. DEFINITIONS**

***Preceptorship Program*** - A program approved and administered by the West Campus

***Preceptor*** - A doctor of chiropractic who is approved and appointed by the West Campus to act as a supervisor in the West Campus Preceptorship Program.

***Intern/Preceptee*** - A graduate from a chiropractic college approved by the CCE, and is enrolled in the Palmer College of Chiropractic West Preceptorship Program.

***Direct Supervision*** – The Preceptor (licensed D.C.) must be physically present and available on the clinic premises during all times that the Intern (unlicensed, graduate D.C.) is involved in patient care activities.

***Clinic Standards Committee*** - The West Campus oversight committee tasked with providing program guidance, and Intern/preceptor participation approval. This committee also reviews

applications for Preceptors, approves Preceptor appointment or re-appointment, and adjudicates when Intern or Preceptor actions warrant it.

### **III. Preceptor: Requirements, Responsibilities, Term and Fees.**

#### **A. Requirements**

To appoint a field doctor chiropractor as a West Campus Preceptor to supervise an Intern, he/she must meet the following requirements:

1. Submit a completed West Campus Preceptor Application Form and all other requested data to the director of the Preceptorship program for review and approval.
2. Hold a current and valid license to practice chiropractic.
3. Have at least four (4) years active experience in the practice of chiropractic as a licensee of the state in which he/she is currently practicing.
4. Have no record of disciplinary action based on any violation of the California Chiropractic Initiative Act or regulations of the state he/she is currently practicing in; or the conviction, or plea of nolo contendere to, any offense whether felony or misdemeanor which is substantially related to the practice of chiropractic.
5. Have a professional liability insurance policy in effect. The company writing that policy is admitted to the office of the State of California Insurance Commissioner or the state in which the field training is being conducted. Coverage shall be in the minimum amount of \$100,000 per case/\$300,000 aggregate loss.
6. Agree to abide by the rules and regulations of the Program as written in the program guidelines and other correspondence.
7. Office appearance must be professional and available for inspection by a doctor of chiropractic prior to appointment as a West Campus Preceptor.
8. Agree to periodic announced and unannounced visits, and phone calls, by the West Campus Program Director or his/her designee.

#### **B. Responsibilities**

Once appointed by the West Campus College, the Preceptor will:

1. Be responsible for and provide direct supervision of all chiropractic services rendered by the Intern. The Preceptor will be physically present in the same office or facility when the Intern is treating any patient.
2. Assign only those patient services that can be safely and effectively preformed by the Intern.
3. Ensure that the Intern is clearly identified to patients as an Intern or Preceptee and not a licensed doctor by wearing a name tag identifying him/her as such.
4. Ensure that a signed informed consent form is obtained from each patient before the Intern renders an examination, physical therapy, or chiropractic treatment to the patient.
5. Ensure that the Intern practices in accordance with federal and state statutes and regulations relating to health care practices in the state of the preceptorship.
6. File with the Program Director monthly and final progress reports.
7. NOT supervise a total of more than two (2) Interns, nor can there be more than two (2) Interns in one physical location, regardless of how many doctors practice there.
8. Be responsible for knowing and adhering to the laws of their state with regard to acceptable scope of practice (patient care, marketing rules and regulations, radiography, etc.) and reporting requirements for Postgraduate Preceptorships.

9. Notify the Program Director as soon as possible in the event he/she decides to discontinue participation in the Program
10. Be familiar with the Rights and Privacy Act of 1974 as Amended

### **C. Term of appointment**

1. Will be for four (4) consecutive quarters or a maximum of one year for any one Intern.
2. The term is automatically renewed for that Preceptor doctor, without additional fees, as long as the status remains active and current.
3. Failure to participate in the program for a period of three (3) years may require the Preceptor to reapply for the program.
4. Participation in this program is entirely voluntary by both Preceptor and Intern. Palmer College of Chiropractic West is not responsible for decisions of Preceptors or Intern to discontinue participation in the Program.

### **D. Fees**

1. A one-time application fee of \$50.00 is due at time of application submission for new participants; fee is waived for active participants in the Field Training Program or Postgraduate Program.
2. All fees are non-refundable.

## **IV. Intern: Requirements, Term and Responsibilities**

### **A. Requirements**

1. Participation in this program is entirely voluntary by both Preceptor and Intern. Palmer College of Chiropractic West is not responsible for decisions of Preceptors or Preceptees to discontinue participation in the Program.
2. To be eligible for the program, the applicant (unlicensed D.C.) must have graduated from an accredited chiropractic college within the past year. Applicants who were licensed in another state or country are eligible to participate in the program.
3. Applicants must complete and submit all components of the application and required fees as outlined on the Intern Application. Applications are to be mailed to the "Postgraduate Preceptorship Program" at the West Campus address.
4. Participate in the program is limited to a period of one-year from the date of graduation at which time the program will be discontinued and the Preceptee must cease all patient care activities beyond those which an unlicensed D.C. may perform.
5. Once approved for the program, preceptees must register (course PC521) and pay for (\$150) the program each academic quarter to continue participation. Failure to complete registration process and/or pay fees will be considered voluntary termination from the program.
6. Applicants for the Preceptorship Program who are **not West Campus graduates** are required to have a copy of their **official** transcript sent to the Postgraduate Preceptorship Office, Palmer College of Chiropractic West, as proof of graduation.
7. A registration/application fee of \$150.00 for the first quarter is required to begin processing the application. An additional fee of \$150.00 is due at the beginning of each subsequent academic quarter of participation. Fees are not prorated and are non-refundable.

**Note:** Interns in this program may be able to defer student loan repayment. See financial aid at your college, or contact your loan carrier for details.

## **B. Term**

1. Approved Preceptees may participate in the program for a period of one year from the date of their graduation, until licensure, or voluntary termination. Preceptees are required to inform the Postgraduate Preceptorship Program of receipt of their license or voluntary termination from the program.
2. Preceptees may not average more than 35 working hours per week in the Preceptor's office.
3. If controversial Intern actions or behavior is reported and determined to be unsuitable or unprofessional by the West Campus Dean of Clinics, the Intern may be terminated from the Program immediately. A report may be made to the Board of Chiropractic Examiners of any dismissal or termination from the program of an Intern.

## **C. Intern Responsibilities**

While engaged in the West Campus Preceptorship Program the Intern will meet the following responsibilities:

1. The Intern shall not provide chiropractic services without the required direct supervision and approval of the West Campus approved Preceptor and shall not provide any services that he/she has not obtained instruction in while a student and/or is not competent to perform.
2. The Intern will not deviate from the West Campus Preceptorship program as written herein.
3. The Intern will not represent himself/herself as being a licensed doctor of chiropractic and will wear a name tag clearly identifying him/her as an "Intern" or "Preceptee." Advertising by an Intern is considered unprofessional conduct.
4. The Intern will comply with the applicable federal and state laws and regulations relating to health care practice in which they are performing the preceptorship.
5. Preceptees may NOT participate in the assessment or care (including physiotherapy) of Medicare patients.
6. The Intern will report immediately to the Director of the Preceptorship Program any delay, interruption or termination of the program.
7. The Intern, Preceptor and Patient will sign the Informed Consent form for each patient prior to performing any treatment on that patient. This form obtains written acknowledgement from the patient that they consent to be treated by an unlicensed D.C. participating in an approved Preceptorship Program.
8. In the event the Intern decides to terminate the preceptorship arrangement, the Intern will provide the Preceptor with notice.

## **V. Remuneration/Financial Arrangements**

- A. Remuneration arrangements between Preceptor and Intern is considered a legal financial arrangement and the West Campus does not participate in any such arrangement and is held harmless in the event either party fails to comply with those arrangements.
- B. Both Preceptor and Preceptee are encouraged to consult with professional advisors on establishing appropriate financial arrangements
- C. In California, preceptees **MUST** be hired as employees and may not be Independent Contractors (against California Code for an Unlicensed D.C. to own a chiropractic practice).

## **VI. Revocation of Preceptor Appointment and Termination of Intern participation in the Preceptorship Program.**

### **A. Revocation.**

The Board of Examiners or Program Director may deny, suspend, revoke, or place on probation a Preceptor appointed by Palmer College of Chiropractic West for any of the following reasons:

1. Failure to comply with the State, College and/or program regulations of the preceptorship program.
2. Violation of the California Chiropractic Initiative Act or state regulations; or the conviction, or plea of nolo contendere to, any offense whether felony or misdemeanor which is substantially related to the practice of chiropractic.
3. False or misleading information presented to the West Campus with respect to the preceptor program.
4. The Intern has violated the Chiropractic Initiative Act or state regulations regardless of whether the Preceptor has knowledge of the acts performed.
5. The failure to obtain a signed informed consent form from any patient prior to allowing the Intern to begin an examination, chiropractic treatment or physical therapy treatment.

### **B. Termination**

Termination of Intern participation in the Preceptorship Program may result in future denial, suspension, revocation or placement on probation of a state license to be issued to an Intern in the Program for any the following reasons:

1. Failure to comply with the State, College and/or program regulations of the preceptorship program.
2. Violation of the California Chiropractic Initiative Act or state regulations; or the conviction, or plea of nolo contendere to, any offense whether felony or misdemeanor which is substantially related to the practice of chiropractic.
3. False or misleading information presented to the West Campus or the Board of Examiners with respect to the West Campus Preceptorship Program.
4. The rendering of a chiropractic service outside the preceptorship program.
5. Rendering of chiropractic services under a doctor/preceptor of chiropractic who is not approved as a preceptor or whose registration/appointment as a preceptor has been suspended or revoked.
6. The failure to obtain a signed informed consent form from any patient prior to the Intern beginning an examination, chiropractic treatment or physical therapy treatment.

## **VII. Additional Items**

- A. **Geographic Location.** Preceptorships may take place anywhere within the State of California or other locations at the discretion of the Dean of the College. Preceptorships may not occur in states, or Countries outside the United States, that do not have official government bodies that recognize (license, oversee or otherwise direct) practices of chiropractic.
- B. **Reporting.** Each Preceptor will send to the Program Director a completed and signed Monthly Report on Intern performance. Failure to submit past due reports at the time of registration for the next quarter may potentially result in termination of the program.
- C. **Confidentiality.** All program reports, profiles and applications will only be used by the West Campus for any purposes outlined in this document. All parties will make themselves familiar with the Privacy Act of 1974 as Amended and will adhere to it in all circumstances.

D. **Retention of Records.**

1. **Preceptor Records.** Applications of potential Preceptors will be retained while actively acting as a Preceptor or for one year after the Preceptor becomes voluntarily inactive.
2. **Intern Records.** Reports pertaining to Interns will be retained while active in the Post-graduate Program and then for one year after completion or termination from the program and then destroyed.

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# **INTERN/PRECEPTEE APPLICATION PACKET**

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### Intern

### **Preceptorship Program Application Checklist**

The **underlined** items below must be returned as part of the Intern's application for the program. The remaining items (not underlined) are to be retained by the Intern for information purposes.

- [ ] Read the abridged preceptorship program guidelines on the Palmer website.
- [ ] **Intern Application** - Complete and sign.
- [ ] **Rights and Privacy Act as Amended** and **Intern Statement of Understanding** - After you and your field doctor have agreed on all matters, i.e. work hours, days and remuneration, please sign.
- [ ] **Preceptee Preceptorship Program Affidavit** - Please read and sign.
- [ ] **Informed Consent form.** This form provides written acknowledgement by the patient that they consent to be treated by an unlicensed D.C. Please retain for use once the Intern begins rendering patient care.
- [ ] **Verification of Participation form.** This form must be completed and signed by both the Intern and Preceptor.
- [ ] **Fees.** A non-refundable application/registration fee of \$150.00 is required with your application. An additional \$150.00 is due for each subsequent quarter of participation.
- [ ] **Transcript** – an **official** copy of your chiropractic college transcript [waived for Palmer graduates].
- [ ] **Diploma** – a copy of your Doctor of Chiropractic diploma [waived for Palmer graduates].

**NOTE:** Submission of application or fee does NOT guarantee acceptance into the program. The Intern and doctor are accepted into the program only when they receive **WRITTEN** approval from the West Campus. If the graduate participates in activities requiring a chiropractic license **BEFORE** acceptance into the program or receiving their license, the graduate and field doctor are open to disciplinary action from the Chiropractic Board.

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**INTERN APPLICATION**

Date \_\_\_\_\_

Intern's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Graduate of \_\_\_\_\_ Date \_\_\_\_\_

Registering for quarter (circle one): Winter Spring Summer Fall 200\_\_

Doctor's Name \_\_\_\_\_

Office Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Tele # (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

[ ] \$150.00 Fee enclosed or submitted to business office [ ] (make checks payable to "PCCW")

Intern Signature \_\_\_\_\_ Date \_\_\_\_\_

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### **RIGHTS AND PRIVACY ACT OF 1974 AS AMENDED**

Colleges and their faculties may not disclose information about students or Interns nor permit inspection of their records without the student's or Intern's permission unless such action is covered by certain exceptions. Preceptors (Licensed D.C.s) participating in the Palmer College of Chiropractic West Preceptorship Programs are covered by this Act and therefore obliged to adhere to the Act.

Violations of the Act would include release of any information to anyone other than college officials, whether it be written or oral, without the Interns written permission.

Preceptors should respect the Intern's privacy as they would the privacy of their patients. The Preceptor should be acutely aware that discussing his/her Intern's progress in general conversation is not allowed and should know that violation of the Act could result in the withdrawal in the Department of Education funding for Palmer College of Chiropractic West.

### **INTERN STATEMENT OF UNDERSTANDING**

I, \_\_\_\_\_, have read the appropriate West Campus Preceptor Program. I am familiar with all of its ramifications and agree to abide by the Programs' requirements. I understand that the participating field doctor has read and signed a separate statement and has set aside any and all responsibility and/or liability of Palmer College of Chiropractic West.

While enrolled in the West Campus Program I will perform only those procedures which have been deemed legal and ethical by the California State Board of Chiropractic Examiners or appropriate governing/licensing authority of the state in which the Preceptor Program is being performed.

Upon entering into the Program, I agree to hold harmless Palmer College of Chiropractic West (West Campus), the West Campus Clinics, the Palmer Chiropractic Board of Directors, Faculty, Administration, and Employees in any actions that may arise from the practice within the Preceptor's office(s), and while traveling to and from that office, in which I am working.

I understand that enrollment in this Program or payment of fees does not constitute a contract beyond any single term.

I agree not to present myself as a licensed doctor of chiropractic and to wear a name tag while working in the office identifying myself as an Intern or Preceptee.

Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**INTERN AFFIDAVIT**

1. I have read and received a copy the Preceptor Program Guidelines and am aware of the duties I am allowed to perform as an Intern in the West Campus Preceptor Program.
2. I have read the State Law rules and regulations for the state in which I intend to do my Postgraduate Preceptorship and understand those laws affecting Preceptorship.
3. I agree to abide by the rules and regulations set forth by State law and Palmer College of Chiropractic West policy while I am an Intern. I further agree that I will refuse to perform duties outside of the State Law or Palmer's West Campus policy and that I will report to the College any requests by the preceptor that would violate State Law or Palmer's West Campus policy.
4. I understand that violation of the State law or Palmer's West Campus policy could result in my immediate termination from the Program.
5. I agree to submit to the Director of the Preceptorship Program all required reports and fees by published due dates. I understand failure to do so may result in my termination from the program.

Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**INFORMED CONSENT FORM**

*Please have all patients receiving care from  
the Intern complete and sign this form.*

I, (Patient's Name) \_\_\_\_\_ a patient at

(Office Name) \_\_\_\_\_ am aware that

(Intern's Name) \_\_\_\_\_ is an unlicensed,

graduate chiropractic Intern assigned to this office through an

approved Preceptorship program regulated by Palmer College of

Chiropractic West. I acknowledge the Intern's unlicensed status and

consent to receive care from him/her under the direct supervision of

Dr. \_\_\_\_\_ (Preceptor's Name).

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Patient's Signature

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Date

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**Verification of Participation**

The Intern is responsible to have this form completed prior to being authorized to participate in the Preceptor program. This form will be sent to the State Board to verify that the Intern and the field doctor are properly participating in the program.

Please have this form signed by the appropriate office and submit it to the Director of the Preceptor program.

Intern's Name \_\_\_\_\_ Date \_\_\_\_\_

Present Street Address \_\_\_\_\_

Tele # (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

Graduate of \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Office Address \_\_\_\_\_

Tele # (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

**Intern:**

I have registered, submitted all required forms and fees to participate in this Preceptor Program.

Intern Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Doctor:**

I have submitted all required fees and forms, including current and valid Chiropractic License, Malpractice policy and X-ray certificate, to participate in this Preceptor Program.

Doctor Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICIAL USE ONLY:**

**Registrars office:**

The above named Intern has registered for course # PC 521. This is the (circle one) 1 2 3 4 time.

Registrars Signature \_\_\_\_\_ Date \_\_\_\_\_

**Business office:**

The above named Intern has paid for course # PC 521. \$ 150.00 Yes \_\_\_\_\_ No \_\_\_\_\_

Business Office Signature (or fund recipient) \_\_\_\_\_ Date \_\_\_\_\_

**Director of Preceptor Program:**

The above Intern and doctor have all required forms completed and on file. The doctor has provided their current and valid, Chiropractic License, Malpractice Policy and X-ray certificate.

Both the Intern and doctor are able to participate in the Preceptor Program for one quarter. In order to continue this program for up to 4 consecutive quarters, a new and updated "Verification of Completion" form will be required. If a new form is not submitted prior to the next quarter, both the Intern and the doctor voluntarily withdraw from the Preceptor Program.

Director of Preceptor Program Signature \_\_\_\_\_ Date \_\_\_\_\_