



PALMER

College of Chiropractic

WEST CAMPUS

13th Quarter

FIELD TRAINING PROGRAM

FIELD DOCTOR APPLICATION

The Trusted Leader in Chiropractic Education®

FIELD DOCTOR APPLICATION CHECK LIST

In order to participate in the West Campus' Field Training Program, we must receive the items below. If you have participated in the West Campus' Field Training or Postgraduate Preceptorship program application within the last 3 years, you need only submit items # 2, 3, 8 (unless completed within the last 12 months) and 9.

1. [] **Field Doctor Application** - Please complete and sign.
2. [] **Chiropractic College Transcripts**– Please contact the registrar of your chiropractic college and request to have official transcripts sent to the Field Training Office at Palmer's West campus. Palmer Alumni may use the Transcript Request form in this packet. Please request ASAP as it may take 2-3 weeks for transcript requests to be filled.
3. [] **Field Doctor Statement of Understanding/Acceptance Letter** - Please read and sign.
4. [] **Current State License** - Provide a copy of your current chiropractic license with expiration date.
5. [] **Current Malpractice Insurance Verification** - Provide a copy of your current policy declarations page (contains coverage dates and amount of coverage with liability limit minimums of \$1,000,000/\$3,000,000).
6. [] **Appointment of Certificate Holder Form** – This form keeps us updated on any change/renewal of your malpractice policy.
7. [] **X-ray Operator/Supervisors Permit** – Provide a copy of your current X-ray permit with expiration date (if applicable in your state, and only if you have an x-ray in office).

Once this phase of your application has been approved, you will receive the following from our Field Training office, in order to finalize your Field Doctor Application into our program:

8. [] **Annual Online TITLE IX & FERPA Compliance Training** – All faculty and adjunct faculty are required to complete federally mandated TITLE IX & FERPA compliance training. These trainings will be emailed to you from our Field Training office after your Field Doctor Application has been approved.
9. [] **Palmer Adjunct Faculty Contract** – This contract is specific to the prospective Pregraduate Preceptee and their 13th Quarter Field Training Assignment dates.

You are responsible for being aware of the program rules and regulations, along with those of your State Licensing Agency/Board of Chiropractic . PCCW FTP rules and regulations are available for review (on-line or download) on the Palmer Website (<http://www.palmer.edu/academics/clinical-experience/field-training-program/>). In applying for this program, you are agreeing to review the following items prior to the intern commencing the program in your office:

- Abridged Program
- Guidelines on Intern/Patient Involvement
- Medicare Notice

For your convenience, the following forms are also available for download from the website:

- **Patient Acknowledgement Form** – Acknowledgement of non-licensed status of Intern for use when an intern is adjusting/treating a patient.
- **Midterm Report**
- **Final Report**

Applications may be returned by mail to:

Dr. Greg Snow
90 East Tasman Drive
San Jose, CA 95134-1617

Or by Fax to: 408-944-6093; Or by PDF to: field.training@palmer.edu

Questions, comments, PDFs and inquiries may be sent to our email address:
field.training@palmer.edu

PRECEPTOR APPLICATION

APPLICANT INFORMATION

Application Date: _____

Doctor's Full Legal Name: _____

Office Address (Not a PO Box): _____

Mailing Address (Can be a PO Box): _____

City:	State:	Zip Code:
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Office Phone #: ()	Office Fax #: ()
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Office Website Address: _____

Doctor's Email Address: _____

Second office address if applicable: _____

City:	State:	Zip Code:
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Doctor's Date of Birth: Month__ __ Day__ __ Year __ __ __ __

Are you a current or past employee of any Palmer College of Chiropractic campus? [] Yes [] No

Office Hours at Primary Office Location:

Monday Start-End (eg 8 – 6:00)	Tuesday Start-End (eg 9 – 5:00)	Wednesday Start-End (eg 9 – 6:00)	Thursday Start-End (eg Closed)	Friday Start-End (eg 10 – 7:00)	Saturday Start-End (By appt)

Total number of practice hours per week: ____ ____

APPLICANT EDUCATION

Chiropractic College Awarding D.C. Degree: _____

Chiropractic College City and State: _____	Mo. & Yr. Graduated: _____
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Other College Degrees: _____

Chiropractic or Other Post-Graduate Residencies: _____

Chiropractic or Other Specialty Certifications: _____

PRACTICE INFORMATION

Practice Type: [] Solo Chiropractic [] Group Chiropractic [] Group Multidisciplinary [] Hospital

Number of Non-D.C. Employees/Office Staff: _____	Full-Time: _____	Part-Time: _____
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Number of D.C. Employees or Partners: _____	Full-Time: _____	Part-Time: _____
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Number of Other Health Professional Employees or Partners: _____

Office Square Footage: _____	# of Treatment Rooms: _____
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Average Number of Patient Visits Per Month: _____	Number of New Patients Per Month: _____
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Describe Patient flow in the Office: [] High volume [] Moderate volume [] Low volume

Practice Management Company, if any: _____

Method(s) Used for Recording Patient Visits: _____

Name of Electronic Health Records Program: _____

Are you an approved Preceptor in another chiropractic college's program? [] Yes [] No

Do you prefer being contacted by email or phone? [] Email [] Phone [] Either

Classify your office's scope of practice: [] Broad [] Moderate [] Narrow

Your emphasis on chiropractic philosophy is: [] Strong [] Moderate [] Low

Palmer College of Chiropractic
PRECEPTOR APPLICATION

FOR THE FOLLOWING SECTIONS, CHECK ALL THAT APPLY

Primary Practice Model:

- General Practice
- Sports
- Workers Compensation
- Personal Injury
- Pediatrics
- Other; Describe: _____

Billing and Insurance:

- Cash practice only
- Insurance accepted
- # of insurance contracts _____
- Billing done by in-office employee(s)
- Billing outsourced
- Medicare accepted
- Other – Explain: _____

Patient Care Protocols You Use in Practice:

- Case History
- Physical Examination
- Orthopedic Evaluation
- Neurological Evaluation
- Diagnostic Imaging Studies – Plain Film X-ray
- Diagnostic Imaging Studies – Digital X-ray
- Report of Findings
- Informed Consent
- Posture Analysis
- Other (describe): _____

Check All Adjusting Techniques You Use:

- Gonstead
- Diversified
- Thompson/Drop
- Cox/Flexion – Traction
- Pettibon
- Upper Cervical
- Blair
- NUCCA
- Atlas Orthogonal (AO)
- Activator
- SOT
- Logan Basic
- Biomechanics/CBP
- Other: _____

Ancillary Procedures Provided in Your Practice:

- Heat / Ice
- Electric Modalities (US, MNS, EMS, etc.)
- Cold Laser
- Graston Technique
- ART (Active Release Therapy)
- Myofascial Release Therapy
- Surface EMG
- Other (describe): _____

Please do not abbreviate

Of the above adjusting techniques, which one do you use most often?

Does your office have rehabilitation equipment? Yes

No

If yes, please describe: High tech Low tech

Frequently used Occasionally used

Diagnostic Imaging used in your practice:

- Most new patients are x-rayed in-office using standard x-ray equipment.
- Most new patients are x-rayed in-office using digital technology.
- Most new patients are referred to a local diagnostic imaging center for films.
- The need for x-rays is determined on a case-by-case basis.
- Patients are occasionally referred for MRI studies.
- My films are read by a certified chiropractic radiologist.
- My films are read by a certified medical radiologist.
- I apply technique-related line drawings to my films.

X-ray unit certificate number: _____

Expiration date: _____

X-ray operator's license number: _____

Palmer College of Chiropractic
PRECEPTOR APPLICATION

CHIROPRACTIC LICENSURE

List ALL States in which you are currently licensed and have held a license in the past . Please include any additional states of current or past licensure on a separate piece of paper.

State:	License #:	Date Originally Issued:	Expiration Date:

Countries outside the U.S. you are authorized to practice in:

Have you ever had your license suspended or revoked in your current or any other state? [] Yes [] No

Are you currently facing, or ever been subject to, action by a state chiropractic board? [] Yes [] No

Are/were any of your current or expired license(s) encumbered in any way? [] Yes [] No

Have you had any formal disciplinary action or been a party to a malpractice settlement or judgment within the past three (3) years? [] Yes [] No

Are you currently a named defendant in a malpractice case? [] Yes [] No

Have you ever been convicted of a crime? [] Yes [] No

Please use this section to remark on any item above that you checked as "yes."

PROFESSIONAL LIABILITY INSURANCE

Carrier Name: Policy Number:

Dates of Coverage: From: To:

Policy Limits: Per Occurrence: \$ Aggregate: \$

Are you currently a defendant in a malpractice claim(s)? [] Yes [] No

If yes, please explain:

GROUP PRACTICE AGREEMENT

If you work in a group practice that may require a formal agreement between Palmer College of Chiropractic and your facility in order to allow for student training, please provide the name and contact information of your organization's point person.

[] Not applicable

[] Yes, a formal agreement will be required. The point of contact is:

Name:

Email:

Phone:

Palmer College of Chiropractic
PRECEPTOR APPLICATION

1. STATEMENT OF UNDERSTANDING AND AGREEMENT

I have read the provisions of the Palmer College of Chiropractic Field Training Program as outlined in the program handbook. I understand and agree with the educational objectives contained therein and my role as an Extension/Adjunct Faculty mentor to an assigned student intern approved by Palmer College of Chiropractic to participate in my office. I am knowledgeable of the rules in my state, province, or country regarding the practice of chiropractic and applicable limitations for student interns. Student interns participating in my office will perform only those duties or services deemed ethical and legal in my state, and for which they have completed formal training at the College. I agree to be physically present on the same premises and be readily available to the student intern and my patients at all times when a student is performing any chiropractic service as allowed by state law and delegated by me. I agree to maintain my chiropractic licensure and malpractice insurance policy throughout the entirety of a preceptorship and will notify the College preceptor program director if either s should lapse during the preceptorship time period. I further agree to notify the College preceptor program director immediately if I should come under disciplinary action by my state licensing board or be named a defendant in a malpractice suit during the preceptorship time period. I agree to sign a contract with Palmer College of Chiropractic instating me as an Extension or Adjunct Faculty Member when an intern is assigned to me. I understand that as the contracted Extension or Adjunct Faculty Member, I am responsible for supervising the intern and may not delegate supervision of the intern to another person within my practice or outside of my practice. I agree to notify the College preceptor program director if I have a change of office address or phone n umber or if I should elect to withdraw from the college's preceptor program. I understand this agreement to be binding in its terms as long as I remain an active participating preceptor for Palmer College of Chiropractic.

2. STUDENT INTERN RESTRICTIONS REGARDING FEDERAL ENTITLEMENT PROGRAMS

As stated in the program handbook, I understand and agree that student interns assigned to me will not be allowed to provide any chiropractic services to patients receiving Federal entitlement healthcare benefits such as Medicare and Medicaid. This restriction will include all aspects of patient care including but not limited to taking a health history, examining, and performing adjusting procedures.

3. INSTITUTIONAL POLICIES

I have reviewed the Palmer College of Chiropractic institutional policies on the College website at <http://www.palmer.edu/HandbookPolicies/> and understand and accept that institutional policies apply to me in my role as extension/adjunct faculty and to students participating in a preceptorship.

AGREEMENT AND AUTHORIZATION

By my signature below:

1. I indicate my understanding and agreement with the information provided in the handbook for the Intern Preceptorship Program including rules reiterated in this application, items 1 – 3 above.
2. I declare that the information contained in this application is true and accurate .
3. I understand that Palmer College will verify the information provided on this application and that my professional information on State Chiropractic Board website(s) and CIN-BAD will be checked.
4. I understand that Palmer College will check the following public U.S. Federal government exclusions lists to determine if I am in an excluded status : OIG (Office of the Inspector General), SAM (System for Awards Management), and SDN (Specially Designated Nationals) .
5. I agree to complete Palmer College required training on an annual basis and understand that I will not be assigned a student unless my training is current.
6. I acknowledge that Palmer College reserves the right to deny an application and its decision in the matter will be considered final.

Signature of Applicant

Date

Printed Name of Applicant

**PALMER COLLEGE OF CHIROPRACTIC
REGISTRAR'S OFFICE - TRANSCRIPT REQUEST FORM**

Davenport Campus
1000 Brady Street
Davenport, IA 52803
Phone: (563) 884-5863
Fax: (563) 884-5864

West Campus
90 E. Tasman Drive
San Jose, CA 95134
Phone: (408) 944-6065
Fax: (408) 944-6196

Florida Campus
4777 City Center Parkway
Port Orange, FL 32129
Phone: (386) 763-2781
Fax: (386) 763-2635

Complete the form (PRINTING LEGIBLY) and return it to the appropriate campus address listed above.
Select the type of transcript request.
Provide us with any other materials necessary for individual State Board requests. Select a method of transcript disbursement.
Select a method of payment. All documents being requested by fax must be paid for by a credit card number.

MY PERSONAL STATUS:

D.C. ALUMNI B.S. ALUMNI A.S.C.T. ALUMNI M.S. ALUMNI FORMER STUDENT (Not a graduate)
 CURRENT D.C. STUDENT CURRENT A.S.C.T. STUDENT CURRENT B.S. STUDENT CURRENT M.S. STUDENT

NAME _____ DATE _____
ADDRESS _____ CITY _____ STATE _____
E-MAIL ADDRESS _____ GRADUATION DATE OR CLASS # _____
PHONE # _____ FAX # _____ MATRIC # _____
SIGNATURE _____ S.S.N. # _____

TRANSCRIPT REQUEST: (Please provide us with any additional forms requested by individual State Boards)

The State Board of Chiropractic for the State(s) of _____ (we have all addresses)
 The following Third Party receiving the transcript (school, business, etc.) _____
Third Party address _____
 Myself: OFFICIAL DOUBLE SEALED transcript which I will forward to _____
* Must be addressed to the third party who will be the final recipient of the transcripts. Requests will not be completed without this information.

Myself: UNOFFICIAL copy for own personal use (NOTE: also available through Campus Connect for current students)
 Please mail transcript NOW
 Please mail transcript upon completion of current term of enrollment

Clinic Capstone Programs (fee waived)

METHOD OF DISBURSEMENT:

Transcripts are sent U.S. mail at no additional cost.
 UPS Next Day Air or USPS Express Mail is available, with actual costs being calculated and charged at shipping time. **We are unable to ship next day to P.O. Boxes.**

For international next day shipments, please provide phone number of destination recipient: _____

METHOD OF PAYMENT RECEIVED:

Transcripts for scholarships or doctors applying to the preceptor program are processed free of charge.
 \$5.00 per transcript (Number of transcripts requested) = \$ _____ TOTAL

_____ Call (numbers above) for expense of UPS Next Day Air or USPS Express Mail \$ _____ TOTAL
_____ CASH _____ CHECK _____ MONEY ORDER

_____ CREDIT CARD # _____ EXPIRATION DATE

NAME ON THE CREDIT CARD _____ CDC # (3 digits) _____

ADDRESS OF CARD HOLDER IF OTHER THAN ADDRESS ABOVE _____

Please allow two weeks from request received date to the designated destination date (except for Next Day Air or Express Mail requests).

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**Palmer College of Chiropractic West Campus
Field Training Program**

90 East Tasman, San Jose, CA 95134

Phone (408) 944-6036

Fax (408) 944-6093 Email:

field.training@palmer.edu

FIELD DOCTOR STATEMENT OF UNDERSTANDING

I, Dr. _____ DC, have read the provisions of the West Campus Field Training Program, and I am familiar with all of its ramifications and agree to abide by the Field Training Program's requirements. I agree that while the Student is participating in my office, I will be covered under my professional liability insurance policy. I understand that the Student has read and signed a separate statement regarding for this Preceptorship and that he/she has set aside any responsibility and/or liability of Palmer College of Chiropractic West Campus. Students participating at my office will perform only those procedures that have been deemed ethical and legal by the California State Board of Chiropractic Examiners or the state in which the Field Training Program is being conducted. I agree to be on the premises at all times when the Student performs any chiropractic procedures in my office (if allowed by the state and considered appropriate by myself). I understand this agreement to be binding in its terms as long as I remain an active participating Preceptor.

FIELD DOCTOR ACCEPTANCE LETTER

I have interviewed and agree to accept intern _____ into my office. In complying with the Field Training Program, I understand I am responsible for submitting the Midterm and Final report, along with the Hourly Accounting Sheet, on the student's performance. In the event I fail to do this, I understand that I will be discontinued as a field doctor and the intern will be removed from the Field Training Program.

RIGHTS AND PRIVACY ACT OF 1974 AS AMENDED

Colleges and their faculties may neither 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. Field doctors participating in the Palmer College of Chiropractic West Campus Preceptorship programs are considered Adjunct Faculty and thus are covered by this Act.

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

Field doctors should respect the intern's privacy as they would the privacy of their patients. The Field doctors 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.

By my signature and date below, I understand and accept the intern in my office and agree to abide by the provisions as described above:

Doctor signature: _____ Date: _____

Doctor's Name (Print) _____

Address _____

City, State, Zip _____

Phone Number (_____) _____

Fax Number (_____) _____

Palmer College of Chiropractic West Campus

Field Training Program

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Medicare and Medicaid Advisory

Please be advised that **only licensed persons** may provide services to Medicare and Medicaid patients in accordance with Federal regulations.

Palmer interns/graduates participating in either the Field Training Program (13th quarter) or Postgraduate Preceptorship Program (graduated but unlicensed) may NOT provide patient services to Medicare or Medicaid patients. Restricted services include history taking, examination, x-rays, physiotherapy/rehabilitation, and adjustments. Students may perform vitals, ROS, and take Past, Family and Social histories (PFSH).

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GUIDELINES ON FIELD TRAINING PROGRAM
INTERN INVOLVEMENT

After a short period of observation, the intern will be able to participate in providing many services including: receptionist duties, physiotherapy modalities, exercise rehabilitation, report writing, examinations, patient report of findings and chiropractic treatment. All services provided by the intern will be at the sole discretion of the **Preceptor** (licensed doctor of chiropractic approved to oversee the intern by Palmer West).

Intern participation in the office may begin as early as the first day of the intersession break (provided the intern has passed his/her prior clinic course) and may remain in the office through the entirety of the term (through the next intersession break) to obtain necessary hours. At a minimum, students will start their FTP experience the first week of the term and will conclude the week prior to graduation, assuming sufficient hours have been earned. Preceptors are encouraged to discuss mutually agreed upon start and stop dates with their assigned interns to avoid confusion and miscommunication.

Each intern will be required to spend a minimum of 264 hours in the office for eight to nine weeks. Participation is limited to a maximum of 35 hours per week. Students may earn hours in accordance with the "Hour Tracking and Requirements" document. Hours are documented using the college approved "Clinic Hour Tracking" spreadsheet (student will have these). Hours are verified for reasonableness and relevance by the Preceptor or his/her office staff and returned to the FTP office in order for the student to successfully complete the course and graduate.

The Preceptor is responsible for all services provided by the intern. For grading purposes a Midterm and Final report must be completed, signed and returned to the FTP office. Additionally, the Preceptor (or staff) may provide input to the Field Training Director by phone at any time.

Interns are expected to achieve a knowledge level in each **Subject** area outlined below. Short tests will be administered during classroom periods to measure the intern's level of understanding and integration with previously learned material.

To actively involve the intern in office management/operations and yet not give the intern too great a responsibility, the following areas of office management participation are suggested:

Initial Visit. After receiving the official assignment letter from the FTP office, the Preceptor should arrange to meet with their assigned intern by calling the number on the form. This meeting should accomplish the following purposes:

- Locate office and parking locations (please advise intern where to best park)
- Introductions to Preceptor and office staff
- Discussion of Preceptor AND Intern expectations for the Program
- Discussion of Intern hours (start and stop time), dress code, etc
- Discuss office routine
- Discuss expected absences the intern may have from the office and competing priorities that the intern may need to attend to during the course of the FTP.

It is suggested that a rotation type period be established to cover each **Subject** outlined below. Each intern should spend adequate time in each subject area to be able to demonstrate a working level of knowledge. The times may be overlapped, e.g. ½ day at front desk and ½ day accompanying doctor, but it is considered part of the intern's education to become familiar with each management subject.

Subject 1. Front desk operations.

Answering the phone and making appointments for the doctor/s, physical therapist, or other office practitioners. Receiving treatment slips from doctor/s and entering in computer. Printing out billing slip for single day visit. Closing out day on computer. Managing doctor's daily appointments schedule. Interacting with front desk, office manager and doctor/s.

Subject 2. Office insurance/manager operations.

Observes patient report production, billing cycles or other office management functions. Observes records close out at end of month. Insurance billing and idiosyncrasies, personal pay billing, Medicare billing, medical billing and special contracted services (PPO/HMO) billing procedures.

Subject 3. X-Ray and/or Physiotherapy Techniques.

Observes or performs (at Preceptor discretion) indicated tasks at the direction of the appointments desk and after consulting on each case with the Preceptor. After intern becomes knowledgeable on a case may they then, at the discretion of the treating doctor, document activity in patient file. Notes and records billing slip for patient visit and tracks to front desk then computer entry. Notes different x-ray view codes for billing. Notes different physical therapy codes versus rehab codes.

Physiotherapy Techniques may involve directed procedures to patients after instruction received from treating doctor or performance of a rehabilitation program after goals are explained by the doctor on the case.

Subject 4. Patient Examination

Observes or performs (at Preceptor discretion) patient examinations or re-examinations at the direction of the appointment desk and after consultation with the Preceptor. Notes examination E/M codes and billing procedures with reports.

Subject 5. Reports Writing

At Preceptor discretion draft reports after becoming familiar with case. (Cannot sign: Workers Compensation reports, state disability forms, or any reports leaving Preceptor's office.) Notes billing codes (E/M vs. CPT) and appropriate usage.

Subject 6. Rehabilitation

At Preceptor discretion observe, perform and/or supervise patient physical rehabilitation after becoming thoroughly familiar with case. [If Preceptor office provides physical rehab services.] Note E/M vs. CPT codes and appropriate usage.

Subject 7. Treatment and CPT Codes

At Preceptor discretion observe (or perform) patient treatment after becoming thoroughly familiar with case. Note proper usage of CPT codes for examination, treatment and sequential use of physical therapy modalities. Proper indication on billing slips for entry in computer at front desk.

It is necessary for all work performed by the intern to be approved by counter signature of the Preceptor. This is usually done in the patient file. All state laws concerning the practice of chiropractic and the written PCCW Field Training Program, as provided to the Preceptor, must be followed.

NOTE: The intern may NOT be involved with X- Ray positioning or exposing any patients to X-Rays. [California restriction – out of state may act in accordance with state law/regulation].

All x-ray machines must be in safe operating order, and must be registered with the Department of Health Services [or like organization, per state law/regulation]. Each x-ray machine must have posted safety rules regarding the operating procedures. Radiographs

taken by an intern must show positive evidence of collimation and whenever indicated, gonadal shielding.

INTERN PARTICIPATION REQUIREMENTS

Participation in the Field Training Program is mandatory for attainment of the DC degree. Appeals regarding modification of participation requirements (early participation, longer duration) for the program may be made in writing to the Dean of Clinics. See Special Circumstances *Field Training Program*.

Responsibilities of Intern/Student.

While engaged in the Doctor of Chiropractic curriculum at Palmer College of Chiropractic's West Campus, the student intern will meet the following responsibilities:

- a. The Student/Intern shall not provide chiropractic services without the required supervision of the West Campus approved Preceptor and shall not provide any services that he/she has not obtained instruction in while a student at Palmer and is not competent to perform.
- b. The Student/Intern will not deviate from the West Campus Field Training Program as herein written and authorized to administer.
- c. The Student/Intern will not represent himself/herself as being a licensed doctor of chiropractic, and will not be referred to as "Doctor" ("Intern" is approved terminology).
- d. The Student/Intern will comply with the applicable federal and state laws and regulations relating to health care practice.
- e. The Student/Intern will immediately report to the Director, West Campus Field Training Program any delay, interruption or termination in the program.
- f. The Student/Intern, Preceptor and patient will sign an informed consent form in the indicated areas prior to the Student/Intern performing any examination, treatment or physiotherapy on that patient.
- g. The Student/Intern will not participate in media (any form of written, oral or visual) advertising for the purposes of financial gain for the Student/Intern or Preceptor. The Student/Intern may provide lay education presentations but cannot represent himself/herself as a "doctor".
- h. The Student/Intern may NOT provide patient services to Medicare and Medicaid patients including a history, examination, x-rays, physiotherapy/rehabilitation, and adjustments.**

The Field Training Program is intended to be an extension of Palmer's West Campus clinical experience and not for the promotion of individual private practices, items/instruments/tools for the chiropractic practice armamentarium or those of any other health care field.

Term. The term for the Field Training Program will be as assigned for one quarter as defined by Palmer College of Chiropractic's West Campus. The intern will spend at minimum of 264 hours actively participating in an approved clinical education activities (per the Clinic Hour Tracking spreadsheet and Hour Tracking and Requirements memo). Per California regulation, students may not average more than 35 hours per week of course participation. Students choosing to participate in an office with insufficient hours to meet the 264 hour requirement by the end of the assignment period will be required to remain in the office until the program requirements are met. Failure to do so will result in an incomplete grade until sufficient hours are accrued. Incomplete grades must be resolved by the start of the subsequent term or a failing grade will result.

Absentee policy. Students may miss not more than 10% of required hours due to excused or unexcused absences.

Remuneration. While participating in the West Campus' Field Training Program, **remuneration will not be considered** by either the Preceptor or Student/Intern. There will be no fees for Preceptor participation, Student/Intern participation (other than West Campus tuition) or between the Preceptor and Student/Intern. If the Student/Intern transitions to the Post Graduate Preceptorship Program the Fees/Remuneration paragraph of that program description become effective.

Termination of Student participation in the Field Training Program may result in future denial, suspension, revocation or placement on probation of a California license to be issued to a student intern in the Program for any of the following reasons:

- a. Failure to comply with the Federal, State and/or College regulations for approval of the Field Training Program.
- b. Violation of the California Chiropractic 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.
- c. False or misleading information presented to Palmer's West Campus or the California Board of Examiners with respect to the Field Training Program.
- d. The rendering of a chiropractic service outside the Field Training Program.
- e. Rendering of chiropractic services on the patient of a licensed chiropractor who is not approved as a Preceptor by the West Campus or whose status as an Active West Campus Preceptor has been suspended or revoked.
- f. The failure to obtain a signed informed consent form from any patient prior to allowing the Student/Intern to begin an examination, chiropractic treatment or physical therapy techniques.

Note: Each Field Doctor/Preceptor and Intern participating in a Field Training Program outside the State of California is responsible for being aware of, and compliant with, the rules and regulations of that specific state's chiropractic regulatory body. Some States allow for observation only.

The Program Director can be reached at (408) 944-6008 voice, and (408) 944-6093 fax. All questions regarding the program should be addressed to the program director.