

Palmer College of Chiropractic
Clinic Capstone Programs
1000 Brady Street, Davenport, IA 52803
Phone (563) 884-5819
Fax (563) 884-5822

POST-GRADUATE PRECEPTOR PROGRAM

Intern Application Checklist:

Before proceeding with the application process, please read the Post Graduate Preceptor Program Handbook. The items below must be returned as part of the Intern's application for the program.

- [] **Intern Application** – Complete and sign.

- [] **Intern Affidavit** – Please read and sign.

- [] **Insurance Application** – Submit the NCMIC application for extern malpractice insurance with your application. If you will be seeking insurance through a different company, please inform the Clinic Capstone Programs Office.

- [] **National Board Part I scores** – You may submit an unofficial copy.

- [] **Fees** – An application/registration fee of \$300.00 is required with your application. An additional \$300.00 is due for each subsequent trimester of participation. Please refer to information about program fees in the program handbook.

- [] Graduates who are not U.S. citizens must contact the DSO (Designated School Official) at Palmer College to discuss post-graduate training requirements related to Visa status.

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

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INTERN APPLICATION

Graduate's Full Legal Name: _____

Mailing Address: _____

(City) (State) (Zip)

Cell Phone:(_____) _____ Home Phone:(_____) _____

Email Address: _____

Indicate the Palmer Campus you graduated from: ____ Davenport; ____ West; ____ Florida

Graduation Date: ____/____/____
Month Day Year

Are you a United States citizen? Yes No

If not, what type of Visa do you have and when does it expire? _____

If not, have you visited with the College DSO (Designated School Official)? Yes No

Requested Start Date: ____/____/____
Month Day Year

Date you expect to receive a chiropractic license: _____

Doctor's Name: _____

Office Address: _____

(City) (State) (Zip)

Doctor's email address: _____

Office Ph. # (_____) _____ Fax # (_____) _____

Is this Doctor credentialed in Palmer's preceptor program? Yes No Unsure

Acknowledgement regarding program fees:

A payment of \$300 must be included with this application. Make checks payable to Palmer College of Chiropractic or pay by credit card using the enclosed form. The initial payment of \$300 will cover the first term you are participating in this program but will not be prorated should you start the term late or end before the term is over. By your signature below, you acknowledge that you have been informed of the required fees for each term you participate in the program and that you have reviewed the fee information in the program handbook. Further, by your signature below, you acknowledge that you have been informed that failure to pay the fee each term will result in dismissal from the program.

Applicant's Signature

Date

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INTERN AFFIDAVIT

1. I have read the Post Graduate Program Handbook and am aware of the duties I am allowed to perform, as well as any restrictions, as an intern in the program.
2. Upon entering into the program, I agree to hold harmless Palmer College of Chiropractic, the Board of Trustees, 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.
3. I have read the State law, rules and regulations for the State in which I intend to do my Post graduate Preceptorship and understand those laws affecting Preceptorship.
4. I agree to abide by the rules and regulations set forth by the State law and Palmer College of Chiropractic while I am an intern. I further agree that I will refuse to perform duties outside of the State Law or College handbook and that I will report to the college any requests by the preceptor that would violate State Law or the program handbook.
5. I understand that violation of the State law or College rules could result in my immediate termination from the Program.
6. I understand that I am required to pay a fee for each term I am participating in this program and that I will be sent a billing notice from the College's Student Administrative Services office. Terms are based on the Davenport Campus trimester academic calendar. I understand that fees will not be prorated. I further understand that failure to make the required payment by the stated deadline will result in dismissal from the Program.
7. I understand that Palmer College of Chiropractic may need to notify the State Chiropractic Board if my post-graduate preceptorship is terminated prior to my obtaining a chiropractic license.
8. I understand that enrollment in this Program or payment of fees does not constitute a contract beyond any single month or term.

Applicant's Signature: _____ Date: _____

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Payment by Credit Card Form

Please charge \$300.00 to my credit card as follows:

Visa Mastercard AMEX Discover

Name as it appears on your card: _____

Address to which this credit card is *billed*: _____

Street

City

State

Zip

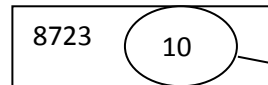
Signature _____

Date _____

Card No. _____ Exp. Date ____/____
Mo. Yr.

3 digit Security Code # on the back of the card for MasterCard / Visa / Discover: ____ ____ ____

4 digit Security Code # on the back of the card for American Express: ____ ____ ____ ____



Example from back of a Visa card – security code

Please enclose this form with your application.