Preceptorship Application Instructions

Thank you for your interest in our Preceptorship Program!

To apply to the program please follow the below instructions:

1) Fill out and send the application below (pages 2-5).
2) Send a current copy of your **Malpractice insurance coverage** – we will need a minimum of a 1m/3m policy
3) Send a current copy of your **Chiropractic License** – showing current coverage dates
4) Have your Unofficial Chiropractic College **Transcript** sent –
    - If you are a Palmer graduate, you can request your transcript be E-mailed to you by going to the following link and mark that you are applying to the Preceptorship Program, which will waive the fee. **Link:** https://www.palmer.edu/transcript-request/
    - To request your transcript from **Life University**, visit the following link to request it by E-mail. **Link:** https://exchange.parchment.com/send/adds/index.php?main_page=login&s_id=LJZXnVVPBVUMoOB5
    - To request your transcript from **Logan University**, visit the following link to request it by E-mail. **Link:** https://www.logan.edu/campus-resources/registrar-transcripts/#1568674413176-a2814e19-24a6
    - **If you attended a Chiropractic College other than those listed above**, please go on their website or call them to request a copy of your transcript.

Email or fax the above documents to preceptorrecords.group@palmer.edu or fax to (563) 884-5822

Program Requirements:

Must work in office a minimum of 25 hours per week
Have no disciplinary actions on your license for the past 3 years
Complete college compliance training once a year as you have a student
This is a one-to-one mentoring program

Also, for your review, please find our program's most current handbook here: https://www.palmer.edu/wp-content/uploads/2021/12/preceptorship-handbook.pdf

If you have any questions please feel free to email us for clarification.

PALMER College of Chiropractic

INTERN PRECEPTORSHIP PROGRAM

APPLICATION

Last Name:

First Name:

Middle Name:

E-mail:

Phone:

Date of Birth:

Chiropractic College Attended:

Graduation Date:
(Month & Year)

College Degrees:
(Bachelors, Masters, etc.)

Contact Preference: ◯ **E-mail** ◯ **Phone** ◯ **Either**

Practice Address:

Street:

Suite:

City:

State:

Zip Code:

Country:

Phone:

Fax:

Website:

PALMER College of Chiropractic

INTERN PRECEPTORSHIP PROGRAM

PRACTICE INFORMATION

Practice Type:

- ○ Academic
- ○ DoD Facility
- ○ Group Chiro
- ○ Group Multi.
- ○ Hospital
- ○ Solo
- ○ VA Facility

Philosophy:

- ○ Low
- ○ Moderate
- ○ Strong

Scope of Practice:

- ○ Broad
- ○ Moderate
- ○ Narrow

Specialty:

- ☐ Acupuncture
- ☐ Extremities
- ☐ Family Practice
- ☐ Internal Disorder
- ☐ Neurology
- ☐ Nutrition
- ☐ Orthopedics
- ☐ Pain Management
- ☐ Pediatrics
- ☐ Radiology
- ☐ Rehabilitation
- ☐ Spinal Trauma/Whiplash
- ☐ Sports
- ☐ Strength & Conditioning
- ☐ Upper Cervical
- ☐ Websters

New Patients / Month:

Patient Visits / Month:

Staff:

Full Time:

Part Time:

Doctors:

Full time:

Part Time:

Patient Flow:

- ○ High
- ○ Moderate
- ○ Low

PLEASE FILL IN # OF HOURS IN OFFICE

Office Hours / Week:

Practice Models:

- ☐ General
- ☐ Pediatrics
- ☐ Personal Injury
- ☐ Sports
- ☐ Wellness
- ☐ Workers Comp.

Protocols:

- ☐ Case History
- ☐ Physical Examination
- ☐ Orthopedic Evaluation
- ☐ Neurological Evaluation
- ☐ Plain Film X-Ray Digital
- ☐ X-Ray
- ☐ Report of Findings
- ☐ Informed Consent
- ☐ Posture Analysis

Ancillary Procedures:

- ☐ Active Release Therapy
- ☐ Cold Laser
- ☐ EMS
- ☐ Graston Technique
- ☐ Heat
- ☐ Ice
- ☐ Myofacial Release Therapy
- ☐ Surface EMG
- ☐ Ultrasound

Rehab Equipment:

- ☐ Frequently Used
- ☐ High Tech
- ☐ Low Tech
- ☐ Occasionally Used

PALMER College of Chiropractic

Please choose 1

Primary Technique: 1

- [ ] Activator
- [ ] AO
- [ ] Biomechanics/CBP
- [ ] Blair
- [ ] Cox Flexion Distraction
- [ ] Diversified
- [ ] Gonstead
- [ ] Logan
- [ ] NUCCA
- [ ] Palmer Package Pettibon
- [ ] SOT
- [ ] Thompson
- [ ] Upper Cervical

Secondary Technique:

- [ ] Activator
- [ ] AO
- [ ] Biomechanics/CBP
- [ ] Blair
- [ ] Cox Flexion Distraction
- [ ] Diversified
- [ ] Gonstead
- [ ] Logan
- [ ] NUCCA
- [ ] Palmer Package
- [ ] Pettibon
- [ ] SOT
- [ ] Thompson
- [ ] Upper Cervical

Imaging:

- ◯ Digital X-Ray in Office
- ◯ Referred Out for Imaging
- ◯ Standard X-Ray in Office

Method of Recording Patient Visits:

- ◯ Electronic
- ◯ Paper

Electronic Health Record Program:

Practice Management Company:

Billing:

- [ ] Cash Only
- [ ] Federal Entitlement
- [ ] In-House
- [ ] Insurance
- [ ] Medicare
- [ ] Outsourced
- [ ] State Medicaid

X-Ray Cert #:

Hospital Privileges:

- ◯ Yes
- ◯ No

(Optional) Please place advertisement here (1000 character maximum):

PALMER College of Chiropractic

INTERN PRECEPTORSHIP PROGRAM

LICENSE AND INSURANCE INFORMATION

Malpractice Ins Exp Date:

X-Ray Operators License Exp Date:

I have a malpractice insurance policy of 1m/3m minimum:

- Yes
- No

I am a member of a Patient Compensation Fund

- Yes
- No

Do you currently or have you had a malpractice claim?

- Yes
- No

If yes, please explain:

Has your license ever been suspended or revoked?

- Yes
- No

Are you currently facing any action by the state chiropractic board?

- Yes
- No

Have you ever been convicted of a crime?

- Yes
- No

Have you had any form of disciplinary action or been party to a judgment in the last 3 years?

- Yes
- No

If yes to any of the above, please explain:

Please list chiropractic licenses you currently have or had:

State:	License #:	Active:	Expiry Date: