Application Instructions

Thank you for your interest in our Preceptorship Program!

To apply to the program please fill out the following pdf application in its entirety and email it to jodi.tipsword@palmer.edu with the following documents (you may also fax these to the number below).

1) Current copy of your **Malpractice insurance coverage** – we will need a minimum of a 1m/3m policy
2) Current copy of your **Chiropractic License** – showing current coverage dates
3) Your Unofficial Chiropractic College **Transcript** –
    - 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.

All of these documents can be emailed or faxed jodi.tipsword@palmer.edu or fax to (563) 884-5822.

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:

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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

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

Primary Technique:

- ☐ Activator
- ☐ AO
- ☐ Biomechanics/CBP
- ☐ Blair
- ☐ Cox Flexion Distraction
- ☐ Diversified
- ☐ Gonstead
- ☐ Logan
- ☐ NUCCA
- ☐ Palmer Package
- ☐ Pettibon
- ☐ SOT
- ☐ Thompson
- ☐ Upper Cervical
- ☐ Other *(see below)*

If "other", please indicate:

X-Ray Cert #:

Secondary Technique:

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

Hospital Privileges:

- ◯ Yes
- ◯ No

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

(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: