



**OHIO STATE CHIROPRACTIC BOARD
PRECEPTORSHIP PROGRAM
APPLICATION INSTRUCTIONS**

The preceptorship program has a two-part application - an application for the intern (student) and an application for the preceptor (chiropractic physician).

The following credentials must be filed with the Board postmarked no later than fourteen days prior to the first day of the preceptorship. (Approval to participate in the Preceptorship Program may be delayed until all information is collected, verified, and reviewed by the Board.)

- ❑ **Intern Application**
 - ❑ Non-refundable \$75 application fee (VISA or MasterCard)
 - ❑ Academic Dean's Attestment
 - ❑ Passport-type photo taken within the preceding 6 months. You must sign the back of the photo.
 - ❑ **Preceptor Application**
 - ❑ Preceptor's proof of current malpractice insurance
-

Failure to provide the information requested and/or failure to answer application questions truthfully and completely may lead to denial of the preceptorship. All interns and preceptors have an ongoing obligation to update and supplement the information and responses on their applications.

Interns may NOT participate in a preceptorship program until the Board has issued an approval letter to the intern and preceptor. Acting as an intern without Board approval may be considered practicing without a license and preceptors who allow an intern to practice prior to Board approval could be subject to disciplinary sanction.

Interns may only participate in the preceptorship program within the dates approved by the chiropractic college and the Board. All preceptorships terminate upon the intern's graduation.

A copy of the rules governing the Board's Preceptorship program can be found on our website. Interns and Preceptors are responsible for acting within these rules and all rules of the Board. For additional information please visit our website at www.chirobd.ohio.gov or contact the Board office at oscb.chirobd@chr.state.oh.us.



DEAN'S ATTESTATION

I attest that _____(Intern) is in good academic standing and has completed all requirements for the doctor of chiropractic degree except for the clinical phase of the program.

I further attest that _____(Preceptor) is approved to provide direct supervision of the above-named intern for the duration of the preceptorship scheduled for _____ from _____.
MM/DD/YYYY MM/DD/YYY

Dean's Signature

Date

Typed or printed name

College Name

College Seal



Intern Name: _____

Dates of Preceptorship:

_____ **to** _____
Month/Day/Year Month/Day/Year

PRECEPTOR APPLICATION

Name: _____
License No. _____

Email Address: _____

Facility where Preceptorship will take place:

Name of Clinic: _____

Address: _____

Phone: _____ Fax: _____

Malpractice Insurance Carrier: _____

***Attach proof of current and valid malpractice insurance.**

Initial each box to acknowledge:

- I have been continuously licensed and actively practicing in Ohio for the past 5 years.
- I have no pending disciplinary action against me.
- I have had no malpractice payment reports and no disciplinary action in any jurisdiction within the preceding 7 years.
- I have been approved by the doctor of chiropractic degree program to supervise the intern.
- I will maintain current valid malpractice insurance for the duration of the preceptorship.
- I will remain on the premises and provide direct supervision of the intern at all times during which the intern is engaged in any facet of patient care during the preceptorship.

Initial each box to acknowledge:

- I will identify the intern to patients in such a way that no patient will be misled as to the intern's status.
- The intern will display a name badge identifying the intern's status at all times when the intern is providing direct care to patients.
- I will monitor and track the intern's activity and regularly evaluate the intern's performance.
- I will ensure the intern documents all patient encounters, including observation, in a logbook that accurately reflects patient identification, involvement and services rendered.
- I will maintain a copy of all logbook records for one year following conclusion of the preceptorship program.

I understand the intern is prohibited from (check to acknowledge):

- diagnosing the condition of a patient;
 - establishing a plan of treatment or prognosis for a patient;
 - performing any service, except at my direction and supervision;
 - billing independently for any service rendered;
 - signing insurance forms or any other forms that require a licensed chiropractic physician's signature.
-
- I have fully reviewed, understand, and will abide by the Board's Preceptorship Rule.

Preceptor Signature

Date

Affix
Photo
Here



Non-refundable \$75 fee via Visa or MasterCard
VISA# _____
MasterCard# _____
Expiration Date: _____

PRECEPTORSHIP INTERN APPLICATION

Full Name: _____
First Middle Last

Date of birth: ____ / ____ / ____ Male: _____ Female: _____
MM DD YYYY

Mailing Address

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Preceptorship Dates _____ to _____
MM/DD/YYYY MM/DD/YYYY

Preceptor
Name: _____

Facility where Preceptorship will take place

Name of Clinic: _____

Address: _____

Phone: _____ Fax: _____

Name of chiropractic educational institution: _____

Expected date of graduation: _____

If you answer "YES" to any of the following questions (1-9), you are required to furnish complete details of your response on Form A. *Some questions require specific and detailed information. Your response must be complete.*

1. Have you ever been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled or requested to resign in lieu of discipline from any college, institution, program, or university, or otherwise subject to discipline by any such institution or requested or advised by any such institution to discontinue your studies therein? Yes No

* Provide the name of the institution, date of the action or incident, and an explanation of the circumstances surrounding the action or incident.

2. Do you now, or have you ever held any type of professional license in any jurisdiction? This includes temporary, trainee, or apprenticeship licenses or permits. Yes No

* Indicate the issuing entity, type of license and current status.

3. Have you ever been notified of any charges, allegations, or complaints filed against you with any board, bureau, department, agency, or other body, including those in Ohio, with respect to a professional license, certificate or registration? Yes No

* Provide the name of the entity, date of the action or incident, and an explanation of the circumstances surrounding the charges, allegations, or complaints.

4. Have you ever been convicted or been found guilty of a violation of any law, regardless of the legal jurisdiction in which the act was committed, other than a minor traffic violation, other than a matter resolved in juvenile court? Yes No

* If you are unsure what does and does not constitute a minor traffic violation, consult with legal counsel. Driving under the influence violations are not minor traffic violations and must be reported.

5. Have you ever forfeited collateral, bail, or bond for breach or violation of any law, police regulation, or ordinance other than for a minor traffic violation; been summoned into court as a defendant or had any lawsuit filed against you, other than a matter resolved in juvenile court? Yes No

* Provide the name of the entity, date of the action or incident, and an explanation of the circumstances surrounding the action or incident.

6. Do you have a current, pending or unresolved complaint filed against you in any administrative, civil, or criminal forum? Yes No
-

7. Are you required to register as a sex offender under Ohio law, the law of another state, the U.S., or a foreign country? Yes No
-

8. Are you listed on the Sexual Civil Child Abuse Registry established by the Ohio Attorney General pursuant to Section 3797.08 of the Ohio Revised Code, or have you been notified of any proceeding to determine whether you may be subject to listing on the registry? Yes No
-

9. Do you currently have any condition or impairment including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder or condition, which in any way currently affects your ability to practice in a competent and professional manner?

Yes No

*If yes, have each treating physician submit a letter detailing the dates of treatment, diagnosis and prognosis.

I, _____ attest that I am the person named in this application, that all statements I have made are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application; and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are true and accurate in every aspect.

I acknowledge that I have read and understand the Intern Preceptorship Application and have answered all questions contained in the application and associated forms truthfully and completely. I further acknowledge that failure on my part to provide the information requested and/or to answer the questions truthfully and completely may lead to denial of my application or disciplinary action against me.

Applicant Signature: _____ Date: _____

NOTARY

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____ 20____

My commission expires: _____

Dated _____ Signed _____

Notary Seal

FORM A

To be used for questions requiring additional answer space. This form may be duplicated as necessary.

Applicant Name: _____

Question # _____

Applicant Signature _____

Date _____

FORM 1
RECORD OF CRIMINAL CASES
This form may be duplicated as necessary

Name _____
First Middle Last

Date of incident (or time period involved) _____

Location incident occurred _____
City County State

Case Number _____

Name and location of court involved:

Name of court _____

City _____ State _____ Zip _____

Names and location of law enforcement agency involved:

Name of law enforcement agency _____

City _____ State _____ Zip _____

Charge(s) at time of arrest _____

Charge(s) convicted of _____

Conviction Date _____

Description of incident _____

You must disclose all information requested pertaining to your criminal history. If you have more than one criminal incident to disclose, you must copy this form and provide a completed form for each incident. You may not provide information pertaining to multiple incidents on one form.

The Board may verify the above information and charge you for any fees associated with this process.

Applicant Signature _____

Date _____