

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

CHIROPRACTIC EXAMINING BOARD **INSTRUCTIONS FOR PRECEPTORSHIP APPLICATION**

1. The Application must be completed by the Preceptorship Program Administrator of the college, the Chiropractor/Preceptor, and the Student/Graduate Chiropractor.
2. The following requirements **must be met prior to submitting the Application form:**
 - The chiropractic college is approved by the Wisconsin Chiropractic Examining Board.
 - The Preceptorship Program is an established component of the curriculum of the college.
 - The Preceptorship Program has been reviewed and approved by the Wisconsin Chiropractic Examining Board.
 - The student who participates in the program must be in the last semester, trimester, or quarter of their education and have met all requirements for graduation except for completion of the preceptorship period.
 - The Chiropractor/Preceptor may supervise no more than one student at any one time.
 - Certification that the Preceptor is a faculty member of the college.
 - Verification that the Chiropractor/Preceptor's Wisconsin license is in good standing.
 - A student will be scheduled with only ONE Preceptor during the period of the Preceptorship.

DEADLINE:

The Application must be filed with the Wisconsin Chiropractor Examining Board **at least 30 days prior** to the meeting date listed on our Department website at: <http://dsps.wi.gov> in order for your application to be reviewed at that meeting.

A list of the chiropractors in Wisconsin who will be acting as Preceptors in the program must be provided to the Wisconsin Chiropractor Examining Board at least 45 days prior to every trimester or academic quarter, per Wis. Admin. Code § Chir 9.03(6). Please refer to Page 2 for reasons of termination of the Preceptorship Program.

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CHIROPRACTIC EXAMINING BOARD

CHIROPRACTIC COLLEGE PRECEPTORSHIP PROGRAM APPROVAL REQUEST FORM

ADMINISTRATOR APPLICATION: (the following questions must be completed by the Administrator of the Preceptorship Program at the college listed below)

Chiropractic College <input style="width: 95%;" type="text"/>	Address (city, state) <input style="width: 95%;" type="text"/>
Contact Person <input style="width: 95%;" type="text"/>	Daytime Telephone Number <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> - <input style="width: 25px;" type="text"/>
Name of Preceptor <input style="width: 95%;" type="text"/>	Address (city, state) <input style="width: 95%;" type="text"/>
Name of Student <input style="width: 95%;" type="text"/>	Graduation Date <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> / <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> / <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/>
Email Address for Approval Notification: <input style="width: 95%;" type="text"/>	
Period of Preceptorship:	
From: <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> / <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> / <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> To: <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> / <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> / <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/>	
1. Is the Preceptorship Program an established component of the curriculum of the college? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Has this program been reviewed and approved by the Wisconsin Chiropractic Examining Board? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Is the Preceptor a faculty member of the chiropractic college? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Has a list of faculty members, which includes this Preceptor, been submitted for approval by the Chiropractic Examining Board? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Program Administrator: <input style="width: 60%;" type="text"/> Date: <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> / <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> / <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/>	

PRECEPTOR APPLICATION: (the following questions, must be completed by the Preceptor)

1. Are you a graduate from a chiropractic college? If yes, provide name and address of college below: <input style="width: 70%; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been continuously licensed in Wisconsin for the previous five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of any violation of law governing the practice of chiropractic or any other profession in this state or any other jurisdiction? If yes, provide details on attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has your license to practice chiropractic or any other profession ever been denied, restricted, revoked, suspended, limited, surrendered or cancelled, or has any other disciplinary action been taken against your license to practice any profession in any other jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which state? <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> Provide details on attached sheet.	

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PRECEPTOR APPLICATION: (the following questions, must be completed by the Preceptor)

5. Have you, or your clinic, ever been the defendant in a lawsuit alleging any form of malpractice or incompetence in the practice of chiropractic or any other professional services? **If yes, provide a copy of the suit or claim and the final settlement or disposition.** Yes No
6. Have you ever been convicted of any offense or are you subject to a pending charge? (excluding minor traffic violations) **If yes, provide details on attached sheet.** Yes No

STUDENT APPLICATION: (the following questions, must be completed by the Student)

1. Are you in your last academic quarter, semester, or trimester of study? Yes No
2. Are you eligible for graduation from the college of chiropractic except for completion of a preceptorship period? Yes No
3. If you have graduated, are you applying for the post-graduate program? Yes No
4. List the date on which you plan to take the Wisconsin chiropractic licensure exam:
Date: / /

PRECEPTOR PROGRAM AGREEMENT: (the following regulation/goals must be read and agreed upon by the Preceptor and Student prior to signing the agreement statement)

THE PRECEPTOR:

- Shall supervise no more than one chiropractic student at any one time.
- Is responsible for the practice of the student.
- Will identify the student to the patients of the preceptorship practice in such a way that no patient will tend to be misled as to the status of the student.
- Shall have each patient or parent/guardian of each patient to provide informed consent to treatment of that patient by the student.
- Will exercise direct, on premise supervision of the student at all times during which the student is engaged in any facet of patient care in the clinic.

THE PRECEPTORSHIP WILL TERMINATE IF ONE OF THE FOLLOWING OCCURS:

- The student graduates from the college operating the preceptorship program.
- The graduate chiropractor is declared to have passed or failed a chiropractic licensing examination by any licensing authority.
- Six (6) months have passed since the graduate chiropractor graduated from a chiropractic college.
- The preceptor is formally charged with a criminal offense, which substantially relates to the practice of chiropractic.
- The preceptor is formally alleged to have violated the statutes or administrative rules pertaining to the practice of chiropractic.
- The preceptor is formally complained against in a civil action for malpractice.

We hereby agree that the above has been read and agreed to, and will act in compliance with the terms of the Preceptorship Program determined by the Wisconsin Chiropractic Examining Board and the chiropractic college concerning the guidelines set for the Preceptor and Student in Wisconsin.

Signature of Preceptor: Date: / /

Signature of Student: Date: / /