State of Arizona
Board of Chiropractic Examiners

1951 West Camelback Road, Suite 330 • Phoenix, Arizona 85015
Voice: (602) 864-5088 FAX (602) 864-5099
Website: www.chiroboard.az.gov

Preceptorship Training Program

This program has a two-part application. The first part of the application is to be completed by the student who will be the extern. The second part is to be completed by the Arizona licensed doctor who will be the preceptor. We will mail the application directly to the doctor after the extern's application is received at the Board office. This will ensure that the doctor receives a copy of the laws and rules regarding the training program. The Arizona doctor must fill out an application each time there is a preceptor training in the office.

Once we receive both completed applications and all of the documentation listed below, the application package will be placed on the Board's agenda for their consideration. The deadline for placement on the Board's agenda is one month before the Board meeting date. All applications completed within the month before the Board meeting will be placed on the agenda for the following month.

The extern and the preceptor will be notified of the Board's decision in writing. They may not begin the program until they have the Board's approval. Acting as an extern or preceptor without Board approval is considered practicing without a license or allowing an unlicensed person to practice chiropractic and may result in disciplinary sanction.

The following must be on file at the Board office, prior to Board review:

- □ Completed Extern Application
- □ $75.00 application fee (To be paid by extern. Check or money order only, no cash or credit cards)
- □ Extern's NBCE scores for Parts I and II sent from directly from the NBCE
- □ Extern's chiropractic college transcript sent directly from the college
- □ Proof of extern enrollment in an undergraduate or postgraduate preceptor program offered by an accredited chiropractic college.
- □ Letters of recommendation from the *Dean of Academic Affairs* and the *Director of Clinics*, on their letterhead, sent directly to the Board office.
- □ Proof of preceptor participation as a preceptor at the Chiropractic College in which the extern is enrolled.
- □ Completed Preceptor Application

A copy of the rules governing the preceptorship program in Arizona is enclosed. Both the extern and the preceptor are responsible for acting within those rules. Please note that the Board does site inspections to ensure compliance with the rules pertaining to the preceptor program.

For additional information visit our website at, **www.chiroboard.az.gov**

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Preceptor Training Program Application

Section A

To be completed by Extern. Type or print in blue or black ink. Answer ALL questions. Answer "None" or "N/A" if it is the correct response.

Extern Information:

Name:_____
Last First MI

Other names or aliases: _____

Street:_____

City:_____State:_____Zip:_____

Telephone Number:_____(_____)_____

Birth date:_____ Sex:_____Eye color:_____ Hair color:_____

Height:_____Weight:_____ Identifying scars, marks, or tattoos:_____

Have you ever been convicted of, or pled guilty to or plead nolo contendere to a misdemeanor or felony, even if later the record of the conviction was sealed or expunged or the conviction itself set aside or forgiven, or entered into a stipulation or settlement agreement in lieu of such proceedings? You are not required to disclose adjudications that took place in Juvenile Court.

☐ Yes ☐ No

Are you currently, under arrest, charged with, indicted for, or under investigation for a misdemeanor or felony, requiring resolution in the courts?

☐ Yes ☐ No

If you answered "YES" to the above questions, you must attach a separate list to this application that identifies each crime, whether the crime is a misdemeanor or felony, the date of the conviction (or arrest, indictment or charge), and the court or law enforcement agency having jurisdiction. ***You will also need to contact those police agencies and courts*** to arrange for certified copies of all records related to your arrest(s) and conviction(s) be sent from those agencies involved, directly to the Board.

Preceptor Information:

Name:_____
Last First Middle

Office Address: _____
Street

_____
City State Zip Code

Telephone Number:_____(_____)_____

Qualifications/Requirements/Fees:

I hereby apply to be an extern in the Arizona Preceptorship Program as indicated below, and agree to submit the required documentation and the **$75.00 fee**. I will participate in an undergraduate or postgraduate preceptor program offered by an accredited chiropractic college and will provide proof of enrollment. The contact person at the college is:

Name: _____Telephone: (_____)_____

I will have the college submit the following documentation directly to the Board:

- □ Official transcript showing eligible date of graduation
- □ Letter confirming enrollment in the preceptorship program with applicable dates
- □ Letters of recommendation from the Dean of Academic Affairs and the Director of Clinics
- □ Transcripts demonstrating coursework in acupuncture and/or physical medicine modalities and therapeutic procedures, if my program will include either of these specialties

Chiropractic College: _____Expected date of graduation:___/___/___

I will have a transcript of my exam scores for Parts I & II of the National Board of Chiropractic Examiners examination sent directly from the NBCE to the Board.

I will submit two identical, individual photographs showing my full face.

CERTIFICATE OF APPLICANT (EXTERN)

I, _____, the applicant herein, state and depose that all facts, statements and answers contained in this application are true and correct; I am not omitting any information which may be of value to the Board of Chiropractic Examiners in determining my qualifications, whether it is called for or not. I agree that any falsification, omission or withholding of information concerning my qualifications as an applicant shall be sufficient to bar me from participation in the Preceptorship Program and may serve as grounds to bar me from subsequent licensure or certification in Arizona, or may serve as grounds for revocation or suspension of my license and/or certifications in chiropractic such are discovered after the issuance of the license of certifications. Arizona Revised Statutes §32-900 et seq. I also waive any confidentiality and permit the Board access to any information, records, or documentation collected or used by the college to evaluate my eligibility for or performance in the program.

_____
Applicant's signature

State of _____

County_____

Subscribed and sworn before me this _____ day of _____, _____

Notary Signature _____

My commission expires_____

ARTICLE 10. PRECEPTORSHIP TRAINING PROGRAM

R4-7-1001. <u>Eligibility; Application</u>

A. Both extern and preceptor shall submit a written application to the Board. The Board shall process the application within the time-frames provided in R4-7-502(J). The application shall be submitted on a form that contains the extern's photo; the extern's and preceptor's name, address, telephone number, and any other names of the extern and preceptor; the preceptor's license number, number of years in practice, and disciplinary history; a waiver of confidentiality and notarized signature from both the extern and preceptor; the beginning and ending date of the program; location, days, and hours of the proposed program; the name and contact number for the sponsoring college; the date of extern graduation; and identification of the proposed scope of the program and the eligibility of the applicants for approval.

B. Except as provided in subsection (D), the Board may approve participation by an extern who:

1. Concurrently participates in an undergraduate or postgraduate preceptorship program offered by an accredited chiropractic college and provides verifiable proof of enrollment;

2. Submits a written waiver of confidentiality that permits the Board access to any information, records, or documentation collected or used by the college to evaluate the extern's eligibility for or performance in the program;

3. Provides a Certificate of Attainment on Parts I and II of the examination by the National Board of Chiropractic Examiners;

4. Successfully completes and provides documentation of the coursework required by A.R.S. § 32-922.02 for practice of chiropractic specialties, if specialties are to be included in the training program; and

5. Submits the $75.00 filing fee.

C. The Board shall not approve participation for an extern who:

1. Has been the subject of disciplinary sanction or convicted of a felony or a misdemeanor involving moral turpitude.

2. Is currently under investigation for a licensing violation, felony or misdemeanor involving moral turpitude.

3. Fails to demonstrate good character and reputation.

4. Fails to demonstrate the physical and mental ability to practice chiropractic skillfully and safely.

5. Has practiced chiropractic without a license or through participation in an approved preceptor program.

D. The Board shall approve participation for a preceptor who:

1. Concurrently participates as a preceptor at the Chiropractic College in which the extern is enrolled throughout the program and provides verifiable proof of participation;

2. Submits a written waiver of confidentiality that permits the Board access to any information, records, or documentation collected or used by the college to evaluate the preceptor's eligibility for or performance in the program; and

3. Is licensed in Arizona for at least five years proceeding the date the program is to begin and, if the program is to include practice of chiropractic specialties, is certified in those specialties for at least three years proceeding the date upon which the program is to begin.

E. The Board shall not approve participation for a preceptor who:

1. Has been the subject of disciplinary sanction or convicted of a felony or a misdemeanor involving moral turpitude.

2. Is currently under investigation for a licensing violation, felony or misdemeanor involving moral turpitude.

3. Fails to demonstrate good character and reputation.

4. Fails to demonstrate the physical and mental ability to practice chiropractic skillfully and safely.

R4-7-1002. Practice Limitations

A. Under the supervision of the preceptor and commensurate with the extern's education, training, and experience, an extern may engage in the practice of health care, as defined in A.R.S. § 32-925, except that an extern shall not perform any procedure defined as a chiropractic specialty requiring certification unless the extern and the preceptor have met the eligibility requirements in R4-7-1001 for that specialty.

B. At all times when patients may be present, the extern shall wear a badge showing the extern's name and the title "Extern" in capital letters equal in size to the name.

C. Before an extern conducts an examination or renders care to a patient, the preceptor shall secure from the patient a written consent to the examination or care. The written consent shall specify that the patient understands that an extern is not a licensed doctor, and that the preceptor retains responsibility for quality of care. The preceptor shall maintain the signed consent as a part of the patient's file.

R4-7-1003. Regulation and Termination of the Preceptorship Program

A. The Board, on its own initiative or upon receipt of a complaint, may investigate conduct of an extern or preceptor occurring within the program for compliance with these rules and A.R.S. § 32-924. The Board may, pursuant to A.R.S. § 32-929, obtain patient records as part of the investigation.

B. If after investigation, the Board determines that the conduct of the extern or preceptor imperatively requires emergency action, the Board shall suspend approval of the program pending proceedings for termination or other action. The Board shall promptly notify the extern, the preceptor, and the college of the suspension, the reasons for the suspension, and the conditions under which the suspension may be lifted, if any.

C. If after a hearing, the Board determines that the conduct of the preceptor or the extern constituted a violation of these rules or A.R.S. § 32-924, the Board shall terminate the program and may sanction the preceptor or deny licensure to the extern if the extern has applied for a license.

D. If the Board receives written verification from a chiropractic college that the extern or preceptor is no longer concurrently participating in the associated chiropractic college program, the Board shall terminate approval of the extern's training program.

E. An extern may participate in a preceptorship program until the results of the next scheduled Part IV of the National Board of Chiropractic Examiners examination are released or for six months, immediately following the extern’s date of graduation from Chiropractic College, whichever occurs first.