

Douglas A. Ducey
Governor



Justin Bohall
Executive Director

State of Arizona Board of Chiropractic Examiners

1740 West Adams Street, Suite 2430 • Phoenix, Arizona 85007
Voice: (602) 864-5088 | TTY (800) 367-8939 (AZ Relay Service)
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.
- Transcript showing the extern's passing scores on Parts I and II of the NBCE examination sent from directly to the Board office from the NBCE.
- Extern's chiropractic college transcript sent directly to the Board office from the college.
- Proof of the extern's 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 the rules. Please note that the Board is authorized to perform site inspections to ensure compliance with the rules pertaining to the preceptor program.

For additional information visit our website, chiroboard.az.gov



APPLICATION FOR EXTERN PRECEPTORSHIP

STATE OF ARIZONA | BOARD OF CHIROPRACTIC EXAMINERS
1704 West Adams Street, Suite 2430 | Phoenix, Arizona 85007
Telephone: (602) 864-5088 | E-mail: generalinfo@chiroboard.az.gov | www.chiroboard.az.gov

Type or print in blue or black ink. You must provide a response to each question. You may answer "None" or "N/A" if it is the correct response.

* Your Social Security number is being requested by this state agency in accordance with A.R.S. § 25-320(P) & AAC R4-7-502(11). Disclosure is mandatory, and this record cannot be processed without it.

FOR BOARD OFFICE USE ONLY	
APPLICATION FEE	\$75.00
DATE APPLICATION FEE PAID (month, day, year)	
APPLICATION NUMBER	
REQUESTED START DATE (month, day, year):	
REQUESTED END DATE (month, day, year):	
FINAL ACTION DATE:	
FINAL ACTION:	

APPLICANT

One (1) passport-quality photograph taken not earlier than one (1) year prior to the date of application.
BOARD OFFICE USE ONLY

-----DO NOT WRITE ABOVE THIS LINE-----

Section A for Extern Applicants Information (Extern)

1. Last Name of applicant		2. First Name of applicant		3. Middle Name of applicant	
4. Maiden Name of applicant ("None" or "N/A" is acceptable)			5. List all other names or aliases: ("None" or "N/A" is acceptable)		
6. Home Address (number and street or rural route) All correspondence will be mailed to this address unless the Board is notified of a change in writing.					
City			State		ZIP code
Telephone number (home) ()			7. E-mail address: (This address will not be a public record)		

8. Chiropractic School of Graduation		
NAME OF SCHOOL	YEARS ATTENDED	DATE OF EXPECTED GRADUATION (month, day, year)

9. National Board of Chiropractic Examiners (NBCE) Examination Records						
List all parts of the Exams given by the National Board of Chiropractic Examiners that you have completed.						
PART I <input type="checkbox"/>	PART II <input type="checkbox"/>	PART III <input type="checkbox"/>	PART IV <input type="checkbox"/>	SPEC <input type="checkbox"/>	PHYSIOTHERAPY (PMMTP) <input type="checkbox"/>	ACUPUNCTURE <input type="checkbox"/>
10. Have you ever failed Part IV? (If Yes, please state the date and location.) <input type="checkbox"/> Yes <input type="checkbox"/> No						

Licensed Doctor's Information (Preceptor)		
11. Last Name of Doctor	12. First Name of Doctor	13. License #

Chiropractic College Extern Coordinator Information		
14. Name of Contact	15. Phone Number of Contact	16. Email Address of Contact
17. Expected Program Dates:	Start:	End:

18. Items required for the Application:
I will have the chiropractic college submit the following documentation directly to the Board:
<input type="checkbox"/> Official Transcript showing eligible date of graduation
<input type="checkbox"/> Letter confirming enrollment in the preceptorship program with applicable dates
<input type="checkbox"/> Letters of recommendation from the Dean of Academic Affairs and the Director of Clinics
<input type="checkbox"/> Transcripts demonstrating coursework in acupuncture and physical medicine modalities and therapeutic procedures, if my program will include either of these specialties.
<input type="checkbox"/> Transcript of Exam scores from the National Board of Chiropractic Examiners
<input type="checkbox"/> Two identical, passport quality photos of the Extern

Information required by A.R.S. § 32-921 & A.A.C. R4-7-1001

19. Date of birth (<i>month, day, year</i>)		20. Place of birth (<i>city and state or country</i>)		21. Social Security Number *	
22. Gender	23. Eye Color	24. Hair Color	25. Height	26. Weight	
27. Identifying Marks					
28. Are you under investigation by any licensing Board?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
29. In this or any other jurisdiction, has any formal sanction ever been taken against your license or have you ever surrendered a				<input type="checkbox"/> Yes <input type="checkbox"/> No	
30. Have you ever been denied a license, certificate, registration or permit to practice chiropractic or any regulated health occupation in any state (including Arizona) or jurisdiction?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered yes to questions 28, 29 or 30, you must arrange for the agency involved to send copies of all records related to your current investigation, license denial or disciplinary action directly to this Board. If the requested documents are not available, the Board must receive written notification from the agency stating that the records are unavailable. This notification must come directly to the Board office from the agency.					
31. In the last 12 months, have you been arrested, charged with, indicted for, or under investigation for a misdemeanor or felony requiring resolution in the courts?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered yes to question 31, you must attach an explanation including the nature of the crime, the date of arrest and the law enforcement agency and court having jurisdiction and arrange for the law enforcement agency involved to send certified copies of all records related to your arrest directly to this Board.					
32. Answer the questions below even if the record of the conviction or plea was sealed, or expunged, or the conviction was set aside or forgiven: (a) have you ever been arrested; (b) have you entered into a stipulation or settlement agreement regarding any offense, misdemeanor, or felony; in any state; (c) have you ever been convicted of any offense, misdemeanor, or felony in any state; (d) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or (e) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
33. Have you ever been evaluated, treated or counseled for alcohol or drug abuse or addiction as a condition of a court order, stipulation or agreement, including motor vehicle proceedings?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered yes to question 32, you must attach an explanation including the nature of the crime, the dates of arrest and conviction and the law enforcement agency and court having jurisdiction and arrange for each law enforcement agency and court involved to send certified copies of all records related to your arrest(s) and conviction(s) directly to this Board. If you answered yes to question 33, you must attach an explanation arrange for the agencies involved to send a copy of the court order for evaluation and documentation of your status in the treatment program. If the requested documents are not available from the above-referenced agencies, the Board must receive written notification from each agency stating that the records are unavailable. This notification must come directly to the Board office from each agency.					

34. Declarations - A.A.C. R4-7-1001 & A.A.C. R4-7-1001 (B)(2)

- a. I hereby give my permission for the State of Arizona Board of Chiropractic Examiners to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire.
- b. I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the State of Arizona Board of Chiropractic Examiners any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for preceptorship.
- c. I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.
- d. I further authorize the State of Arizona Board of Chiropractic Examiners to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Board from any and all liability in connection with such disclosure.
- e. I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the Board.
- f. I will notify the Board in writing within 10 working days if charged with a misdemeanor involving conduct that may affect patient safety or a felony while I am an applicant for preceptorship pursuant to A.R.S. § 32-3208 (B).
- g. I will notify the Board in writing immediately if I become the subject of an investigation or disciplinary action by any licensing Board. A.R.S. § 32-921 (C)
- h. I certify that I have read and personally answered all the questions on this application. A.A.C. R4-7-1001
- i. I certify that the two identical photographs I have included with this application are a true and correct likeness of me. A.A.C. R4-7-1001(1)(A)
- j. I have enclosed a check or money order for the appropriate amount in payment of all required application fees. A.A.C. R4-7-1001(B)(5)
- k. I understand these fees are non-refundable. A.R.S. § 32-921 (D)

35. Affirmation - Waiver of Confidentiality

I, _____, the applicant herein, swear or affirm that I have read the statements listed under the Declarations and agree to same, state and depose that all facts, statements, and answers contained in this application are true and correct. I am not omitting any information that 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 or facts concerning my qualifications as an applicant shall be sufficient to bar me from participating in a preceptorship in Arizona or licensure. Such falsification, omission, or withholding shall serve as sufficient grounds for the revocation of approval of the preceptorship if discovered after issuance of approval. 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. A.R.S. §32-900 et seq., Arizona Chiropractic Act.

Signature of Applicant

State of _____

County of _____

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires:

A.R.S. 41-1030 (B) An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

A.R.S. 41-1030 (D) This section may be enforced in a private civil action and relief may be awarded against the State. The Court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the State for a violation of this section.

A.R.S. 41-1030 (E) A State employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

A.R.S. 41-1030 (F) This section does not abrogate the immunity provided by Section 12-820.01 OR 12-820.02



ARTICLE 10. PRECEPTORSHIP TRAINING PROGRAM

R4-7-1001. Eligibility; Application

A. Both extern and preceptor shall submit a written application to the Board for approval of participation in a preceptor training program. The Board shall process the application within the time-frames provided in R4-7-502(J).

1. The application shall be submitted on a form that contains:
 - a. The extern's photo;
 - b. The extern's and preceptor's names, addresses, telephone numbers, and any other names of the extern or preceptor;
 - c. The preceptor's license number, number of years in practice, and disciplinary history;
 - d. A waiver of confidentiality under subsection (B)(2) and notarized signature from both the extern and preceptor;
 - e. The beginning and ending date of the program;
 - f. Location, days, and hours of the program;
 - g. The name and contact number for the college sponsoring the preceptorship program under subsection (B)(1);
 - h. The date of extern graduation from a chiropractic college and identification of the proposed scope of the program for which the application is being submitted and the eligibility of the applicants for approval.
 2. The application shall require the extern and the preceptor to disclose any convictions or sanctions and whether the extern or preceptor is currently under investigation for a violation of criminal or administrative law.
- B. Except as provided in subsection (D), the Board shall approve participation by an extern who does not come under subsection (C) and 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, which is non-refundable except if A.R.S. § 41-1077 applies.

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 misdemeanor involving moral turpitude;

2. Is currently under investigation for a licensing violation, or a 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; or

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 time period of the preceptor 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 continuously licensed in Arizona for at least five years before 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 before the date upon which the program is to begin; and

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; or

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 this Chapter 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 constitutes a violation of this Chapter 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.