



Preceptor Program Application for the Doctor of Chiropractic Program

Contract between the College of Chiropractors of Alberta (CCOA) and the Doctor of Chiropractic Program (DCP)

Date:	DCP representative name:
Clinic name:	DCP representative email:
Clinic Address:	
Student name:	Students' graduation date:
Sponsoring Doctor of Chiropractic Program (DCP):	Preceptor name:
Preceptorship start date:	Preceptorship end date:

Contract for the Doctor of Chiropractic Program

I have the legal authority to represent and enter this contract for and on behalf of the Doctor of Chiropractic Program (DCP).

The DCP agrees to abide by the terms established by CCOA in this contract. I understand that:

- This contract can be cancelled at any time by CCOA.
- It is the DCP's responsibility to ensure that the student is covered by professional liability insurance.
- The preceptor must assess and supervise the student, including the performance of activities as agreed to in the supervision plan.
- The student may need support while engaging in a preceptorship and the DCP will continue to support the student academically, and in navigation of challenging situations.
- The DCP will support the preceptor in completing assessments and supporting the preceptor in navigating challenging issues, including student conduct and performance issues.

Doctor of Chiropractic Program performance expectations

I confirm that:

- The DCP expectations for this clinical placement have been communicated to the student and student's preceptor.
- I have verified that the CCOA-regulated chiropractor acting as the preceptor meets the school's requirements to supervise students.
- The school has a policy in place to address any ethical or performance concerns raised by the preceptor and/or CCOA.
- The student has been instructed and is aware the following activities may only be performed under direct supervision (the preceptor is present, in the treatment room, observing the actions of the student with the patient):
 1. Spinal manipulation/adjustment.
 2. Reduction of a joint dislocation.
 3. Selection of appropriate ionizing radiation.



4. Applying ionizing radiation.
 5. Selection of appropriate non-ionizing radiation.
 6. Any other restricted activity as outlined in Standard of Practice 4.9 section 6.
 7. Formulate of a diagnosis.
 8. Develop and make changes to a treatment plan.
- The student has been instructed and is aware the following procedures may be performed under indirect supervision if assessed to be competent to do so, and as assigned in the preceptor's supervision plan. If the student is assessed to be not competent for indirect supervision, then direct supervision is mandatory. The applicable procedures include:
 1. Obtain information for patient entry.
 2. Administer and interpret outcome measure assessments.
 3. Elicit specific case history.
 4. Perform an examination.
 5. Communicate a diagnosis and treatment plan (confirmed by the preceptor).
 6. Communicate and provide health education to the patient.
 7. Perform unrestricted activities such as ultrasound therapy, laser therapy, electrotherapy, soft tissue therapy, prescriptive exercise, lifestyle education, etc.
 - The student has been instructed that the following procedures **may not** be performed, even under direct supervision:
 1. Needle acupuncture.
 2. Setting or resetting a fracture of a bone.

Doctor of Chiropractic Program Declarations

- ☐ I confirm this student will be within two academic terms of graduation from their chiropractic program at the start of the preceptorship.
- ☐ I acknowledge the Federation of Canadian Chiropractic (FCC) entry to practice competencies for Canadian Chiropractors represent the core knowledge and skills in the basic and clinical sciences and related health topics required for the Doctor of Chiropractic to perform the professional obligation of the primary contact healthcare professional.
- ☐ I verify that the student is of adequate competency to safely perform skills in a clinical setting based on the FCC competencies for Canadian chiropractors.
- ☐ I have attached a copy of the certificate of liability protection naming the student identified above provided by this College. Liability protection between the student and their college must meet the minimum requirement in Alberta of at least \$5 million per incident and \$5 million cumulative.

Representative of the Doctor of Chiropractic Program Signature

Date

Witness Signature