



Preceptorship Program Application for the Preceptor

Contract between the College of Chiropractors of Alberta (CCOA) and the CCOA regulated chiropractor.

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

Preceptor Eligibility Requirements

The following requirements are mandatory, and the regulated chiropractor must:

- be a regulated chiropractor on the general register; and
- have been engaged for a minimum of
 - five years in the active practice of chiropractic in a regulated jurisdiction, and
 - three years of active practice in Alberta; and
- be in good standing with CCOA and any other regulator that they are a registrant of; and
- not have current criminal charges; and
- not be currently involved in a professional negligence claim; and
- not party to a complaint under Part IV of the *Health Professions Act*; and
- not have any findings or admissions of unprofessional conduct with CCOA or any other regulatory body for the last five years; and
- practice in full compliance with all legislation, including applicable enactments and regulations, bylaws, standards of practice, codes of ethics, directives, college guidelines, and administrative policies;
- receive confirmation from the competence committee of
 - a satisfactory report for the most recent practice visit, or
 - confirmation of resolution for issues identified by the Competence Committee during your most recent practice visit; and
- satisfactorily complete the CCOA preceptor program assessment administered by CCOA; and
- satisfactorily complete reporting to the Registrar as required or requested for previous or current preceptor contracts.

Preceptor declarations

I hereby agree to abide by the following directions set by CCOA.

- I understand this contract can be cancelled at any time by CCOA.
- I understand that direct supervision means I am physically in the same treatment room as the student directly observing them while performing any activities that require direct supervision.



- I understand that indirect supervision means I am physically present in the clinic and available to assist if necessary.
- I understand that I must assess the students' performance and make assignments in the student's supervision plan, and that a copy of those supervision plans must be provided to the CCOA at the end of this contract.

Performance expectations

I understand and agree to the supervision guidelines and will provide supervision as follows:

Under direct supervision:

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.

Under indirect supervision

(only if student is competent):

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.

I agree that I will not supervise or authorize the student to perform advanced restricted activities of:

1. needle acupuncture
2. setting or resetting a fracture of a bone

- ☐ I have considered and disclosed any pre-existing relationship with the student to CCOA.
- ☐ I understand that the preceptor program is part of the student's education, and that the student is not working as an associate within my clinic.
- ☐ I understand that I have an obligation to always raise any ethical or performance concerns in the students conduct to CCOA.
- ☐ I agree that I have received adequate information/orientation from the student's chiropractic education program to meet the educational requirements of the student during the preceptorship program.
- ☐ I agree to obtain and maintain the appropriate professional liability protection to supervise students.
- ☐ I understand I must provide CCOA a copy of the assessments, supervision plans and the ethics' conversations log at the end of this contract.

CCOA Regulated Chiropractor Signature

Date

Witness Signature