

# Kentucky Board of Chiropractic Examiners

**Mail To:** P.O. Box 1360  
Frankfort, KY 40602  
**FAX #:** (502) 564-4818  
**Phone #:** (502) 892-4250

**E-Mail:** [kbce@ky.gov](mailto:kbce@ky.gov)  
**Website:** <http://kbce.ky.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. If more than **one** chiropractor will be serving as a preceptor at the preceptorship practice, this form **must** be completed for each chiropractor preceptor.
2. The following requirements **must be met prior to submitting the Application form:**
  - The chiropractic college is approved by the Kentucky Board of Chiropractic Examiners.
  - The Preceptorship Program is an established component of the curriculum of the college.
  - The Preceptorship Program has been reviewed and approved by the Kentucky Board of Chiropractic Examiners.
  - The student will have completed all requirements for graduation set forth by the CCE accredited chiropractic school in which they attend and thus are eligible to participate in the school's preceptorship program.
  - The Chiropractor/Preceptor may supervise no more than one student at any one time.
  - Verification that the Preceptor is certified by the college.
  - Verification that the Chiropractor/Preceptor's Kentucky license is in good standing.

#### **DEADLINE:**

The Application must be filed with the Kentucky Board of Chiropractic Examiners **at least 30 days prior** to the meeting date listed on our Department website at <http://kbce.ky.gov> in order for your application to be reviewed at that meeting.

A list of the chiropractors in Kentucky who will be acting as Preceptors in the program must be provided to the Kentucky Board of Chiropractic Examiners at least 45-days prior to every trimester or academic quarter, per 201 KAR 21:085.

A \$200 application fee must be submitted with the completed preceptorship application. The fee must be paid via a check or money order written out to Kentucky State Treasurer.

Three (3) character reference letters for the applying doctor (not the student) must accompany the completed preceptorship application.

All documents and fees must be mailed to:  
Kentucky Board of Chiropractic Examiners  
P.O. Box 1360  
Frankfort, KY 40602

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## CHIROPRACTIC EXAMINING BOARD

### CHIROPRACTIC COLLEGE PRECEPTORSHIP PROGRAM APPROVAL REQUEST FORM

<b><u>ADMINISTRATOR APPLICATION:</u></b>	
<b>Chiropractic College</b> <input style="width: 95%;" type="text"/>	<b>Address (city, state)</b> <input style="width: 95%;" type="text"/>
<b>Contact Person</b> <input style="width: 95%;" type="text"/>	<b>Daytime Telephone Number</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
<b>Name of Preceptor</b> <input style="width: 95%;" type="text"/>	<b>Address (city, state)</b> <input style="width: 95%;" type="text"/>
<b>Name of Student</b> <input style="width: 95%;" type="text"/>	<b>Graduation Date</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
<b>Email Address for Approval Notification</b> <input style="width: 95%;" type="text"/>	<b>Kentucky License Number</b> <input style="width: 95%;" type="text"/>
<b>Period of Preceptorship:</b>	
<b>From:</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <b>To:</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
<p>1. Is the Preceptorship Program an established component of the curriculum of the college? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>2. Has this program been reviewed and approved by the Kentucky Board of Chiropractic Examiners? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>3. Has the Preceptor been certified by the chiropractic college? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	
<b>Signature of Program Administrator:</b> <input style="width: 60%;" type="text"/> <b>Date:</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	

<b><u>PRECEPTOR APPLICATION:</u></b>	
1. Are you a graduate from a chiropractic college? <b>If yes, provide name and address of college below:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input style="width: 95%;" type="text"/>	
2. Have you been continuously licensed in Kentucky for the previous five (5) years? <b>If yes, provide credential number below:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input style="width: 95%;" type="text"/>	
3. Have you been found in violation of a requirement of 201 KAR Chapter 21 for the preceding two (2) years and/or do you have any present investigations for possible violations? <b>If yes, provide details on attached sheet.</b>	<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 canceled, 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
<b>If yes, which state?</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <b>Provide details on attached sheet.</b>	

# Kentucky Board of Chiropractic Examiners

## PRECEPTOR APPLICATION:

5. Have you or your office been named as 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:

1. Have you completed all requirements for graduation set forth by your CCE accredited school which makes you eligible to participate in their preceptorship program?  Yes  No
2. If you have graduated, are you applying for the post-graduate program?  N/A  Yes  No
3. List the date on which you plan to take the NBCE Part IV 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 office.

### **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 Kentucky Board of Chiropractic Examiners and the chiropractic college concerning the guidelines set for the Preceptor and Student in Kentucky.

Signature of Preceptor:  Date:   /   /

Signature of Student:  Date:   /   /