KENTUCKY BOARD OF CHIROPRACTIC EXAMINERS

PUBLIC PROTECTION CABINET – DEPARTMENT OF PROFESSIONAL LICENSING
P.O. Box 1360, Frankfort, Kentucky 40602
500 Mero Street 2SC32 Frankfort, Kentucky 40601 (Overnight Delivery Only)
Phone: (502) 782.4250 | Fax: (502) 564.4818 | Website: kbce.ky.gov | Email: KBCE@KY.GOV

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 COLLEGE PRECEPTORSHIP PROGRAM APPROVAL REQUEST FORM

ADMINISTRATOR APPLICATION SECTION:

Chiropractic College: _____

Mailing Address: Street _____ City: _____ State: _____ Zip Code: _____

Contact Person: _____ Daytime Number: _____

Name of Preceptor or Clinical Supervisor: _____ Address: _____

Name of Student: _____ Graduation Date: _____

Email address for Approval Notification: _____ Kentucky License Number: _____

Period of Preceptorship: From: _____/ _____/ _____ To: _____/ _____/ _____

1. Is the Preceptorship or Clinical Program an established component of the college curriculum? ___ Yes ___ No
2. Has this program been reviewed and approved by the Kentucky Board of Chiropractic Examiners? ___ Yes ___ No
3. Has the Preceptor or Clinical Supervisor been certified by the chiropractic college? ___ Yes ___ No

PRECEPTOR OR CLINICAL SUPERVISOR APPLICATION:

1. Are you a graduate from a chiropractic college? **If yes, provide name and address of college below:** ___ Yes ___ No
   _____
2. Have you been licensed in Kentucky for five (5) years? If yes, provide credential number below: ___ Yes ___ No
   _____
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 into possible violations? **If yes, provide details on attached sheet.** ___ Yes ___ No
4. Has your license to practice chiropractic or any other profession ever been denied, restricted, revoked, suspended, limited, Yes No surrendered or canceled, or has any other disciplinary action been taken against your license to practice any profession in any other jurisdiction? ___ Yes ___ No
   If yes, which state? _____ Provide details on attached sheet.
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) Yes No
   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 or clinical program? ___ Yes ___ No
2. If you have graduated, are you applying for the post-graduate program? ___ Yes ___ No
3. List the date on which you plan to take the NBCE Part IV exam: ___/ ___/ _____

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PRECEPTOR OR CLINICAL PROGRAM AGREEMENT: (the following regulation/goals must be read and agreed upon by the Preceptor or Clinical Program and Student prior to signing the agreement statement)

PRECEPTOR OR CLINIC:

- 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 OR CLINICAL SUPERVISOR 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 or Clinical Supervisor: _____ Date: __ / __ / ____
Signature of Student: _____ Date: __ / __ / ____