

MINNESOTA BOARD OF CHIROPRACTIC EXAMINERS
GRADUATE PRECEPTORSHIP PROGRAM PRECEPTOR APPLICATION

 First Name Full Middle Name Last Name Suffix (Jr/II)

 MN DC License # MN License grant date

 Clinic Name where Extern will practice

 Clinic address: street/city/state/zip

 Business phone Preceptor email

 Malpractice Insurer (MPI) name policy # Coverage period/dates

List all other states/jurisdictions in which you hold or ever have held a license: _____

[] I affirm that I have never had any professional license disciplined in any jurisdiction, (Rule 2500.2515 Subp 4.B.)

I affirm that I have been practicing continuously for the immediately preceding number of years (NLT-5): _____

I affirm that I have been practicing continuously in MN for the immediately preceding number of years (NLT-3): _____

Approximate Clinic Size: _____ Number of Treatment Rooms: _____ Do you have an X-ray machine? _____

The following adjunct physiotherapies are provided at my clinic: _____

Acupuncture is used in this clinic (by any practitioner) (yes or no) Needle: _____ Electric: _____

I am currently registered in MN to provide acupuncture (yes or no) MBCE: _____ BMP: _____

1. Request the Graduate's final chiropractic college transcript be emailed by the college to john.burbey@state.mn.us.
2. Call 651-201-2848 to confirm it has been received.
3. THEN mail your application and check made payable to MBCE for \$100 with a copy of the front page of both your and the Externs MPI policy to: Note: Processing fees are non-refundable after processing has been initiated.

MN Board of Chiropractic Examiners, 335 Randolph Ave, Suite 280, St. Paul MN 55102-5501

MBCE Office Use Only

Form Related Information	Payment Information	Received Date Stamp
Incomplete form returned:	Check #	
Date re-received form:	Amount: \$	
	Initials	

Application approved:

 Signature of Executive Director

 Date

**MINNESOTA BOARD OF CHIROPRACTIC EXAMINERS
AFFIDAVIT OF PRECEPTOR**

I, _____, do hereby certify the following:
First Name Middle Name Last Name

I have been practicing continuously for the past five (5) years immediately preceding the filing of this affidavit and have practiced in Minnesota for the immediately preceding three (3) or more years.

I have never been disciplined by any state board and am not now currently the subject of any professional disciplinary action in any state.

In the alternative, I am attaching a current rules variance signed by the Board's Executive Director.

I agree to disclose to all patients being treated by the extern that the extern has not yet completed requirements for Minnesota licensure. I agree to have each such patient complete and sign the form required by MN Rule 2500.2515, Subp. 5.E. as described in the box on page 9 of this package.

I agree to notify the Minnesota Board of Chiropractic Examiners of any malpractice action or disciplinary action that occurs subsequent to the Board's approval of my participation in the Preceptorship training program.

MN DC license No.: _____ MN DC Lic Grant date: _____

Acupuncture Reg No.: _____ Acupuncture Grant Date: _____

I, the undersigned, being duly sworn, do state upon oath that I understand and agree to the above.

Applicant's Signature BEFORE a Notary

Date

NOTARY:

Subscribed and sworn to before me personally on:

This _____ day of _____, _____

(NOTARY SEAL)

Signature of Notary

**MINNESOTA BOARD OF CHIROPRACTIC EXAMINERS
GRADUATE APPLICATION FOR PRECEPTORSHIP TRAINING PROGRAM
EXTERN APPLICATION**

First Name

Full Middle Name

Last Name

suffix (jr/II)

Date of Birth

Social Security number

Street Address

City/State/Zip

email

phone

Chiropractic College

Graduation date

When do you plan to take the National Boards Part IV exam?: _____

Name of the Preceptor (doctor) you plan to work with: _____

Location you plan to work, street/city/state/zip

[] I herewith make application for the Preceptorship program in Minnesota in accordance with the rules and regulations as promulgated by the Minnesota Board of Chiropractic Examiners and do hereby certify that I am the person described in this application and that all statements are true and correct to my knowledge and belief.

Applicant's Signature BEFORE a Notary

Date

NOTARY:

Subscribed and sworn to before me personally on:

This _____ day of _____, _____

(NOTARY SEAL)

Signature of Notary

**MINNESOTA BOARD OF CHIROPRACTIC EXAMINERS
PRECEPTOR / EXTERN AGREEMENT**

PRECEPTOR (doctor)

First Name

Full Middle Name

Last Name

Street Address

City/state/zip

Phone

email

EXTERN (graduate)

First Name

Full Middle Name

Last Name

Street Address

City/state/zip

Phone

email

We, the undersigned, have agreed to the following:

Extern starting date will be: _____ (Not before extern's MPI effective date)

Extern ending date will be: _____ (No more than 12 months total)

All reporting requirements established by the Minnesota Board of Chiropractic Examiners will be met in a timely manner. Preceptors will be held responsible for all actions of the chiropractic extern in relationship to the Preceptorship training program.

Signature of Preceptor (doctor)

date

Signature of Extern (graduate)

date