



# Minnesota Board of Chiropractic Examiners

## GRADUATE PRECEPTORSHIP PROGRAM PRECEPTOR APPLICATION

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Clinic(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

State(s) of Chiropractic Licensure: \_\_\_\_\_

Has any license held ever been suspended or revoked? \_\_\_\_\_

Malpractice insurance company name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Number of years in practice: \_\_\_\_\_ In your current state: \_\_\_\_\_

Approximate clinic size: \_\_\_\_\_ Number of treatment rooms: \_\_\_\_\_

Is your office equipped with an X-Ray machine? \_\_\_\_\_ If not, where are X-Ray's taken? \_\_\_\_\_

Does your clinic use Adjunctive Physiotherapy? \_\_\_\_\_ If so, what types? \_\_\_\_\_

Is Acupuncture used in your clinic? Needle: \_\_\_\_\_ Electric: \_\_\_\_\_

Are you currently registered with the Board to perform Acupuncture? \_\_\_\_\_

**Return this Application with a copy of the front page of your Malpractice Insurance Policy.**

**For MBCE Office Use Only:**

Form Related Information	Payment Information	Received Stamp
Incomplete Form Returned:	Check #	
Date Re-Received Form:	Amount	
Date Certificate Printed:	Date	

**Application Approved:**

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Date

2829 University Avenue SE #300, Minneapolis, Minnesota 55414-3220  
Telephone 651-201-2850 • Fax 651-201-2852 • Internet [www.mn-chiroboard.state.mn.us](http://www.mn-chiroboard.state.mn.us)

This document is available in alternative formats by calling the Minnesota Relay Service at 1-800-627-3529

The Minnesota Board of Chiropractic Examiners is an affirmative action / equal opportunity employer. The Minnesota Board of Chiropractic Examiners does not discriminate in employment on the basis of race, color, creed, religion, national origin, sex, marital status, disability, public assistance, age, sexual orientation, or membership on a local human rights commission.

MINNESOTA BOARD OF CHIROPRACTIC EXAMINERS

AFFIDAVIT OF PRECEPTOR

I, \_\_\_\_\_, do hereby certify the following:
Please Print: First Name Middle Name Last Name

- 1. I have been practicing continuously for the past five (5) years immediately preceding the filing of this affidavit and have practiced in Minnesota for three (3) or more years.
2. 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.
3. 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 € as described in the box on page 9 of this package.
4. 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.

Original Date of MN Chiropractic License: \_\_\_\_\_ License Number: \_\_\_\_\_

Original Date of MN Acupuncture Registration (if applicable): \_\_\_\_\_ Registration Number: \_\_\_\_\_

Signature of Preceptor

Date

Before me personally appeared \_\_\_\_\_, to me known to be the person who signed this Affidavit and being by me first duly sworn, on oath stated that all the statements in this affidavit are true and correct to the best of his/her knowledge and belief.

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

State of \_\_\_\_\_ County of \_\_\_\_\_

My commission expires:

(SEAL)

Signature of Notary



MINNESOTA BOARD OF CHIROPRACTIC EXAMINERS

PRECEPTOR / EXTERN AGREEMENT  
STARTING and ENDING DATES

**Preceptor:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Extern:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

We, the undersigned, have agreed to the following:

Extern starting date will be: \_\_\_\_\_

Extern ending date will be: \_\_\_\_\_

(The ending date will be no longer than 12 months from the Extern starting date.)

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 the Preceptor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Extern

\_\_\_\_\_  
Date

**Make three copies of this agreement. Return one to the Board, one to the Preceptor and one to the Extern.**

**The following pages contain guidelines and  
MN rules for the Graduate Preceptorship  
Program.**

*Please keep these pages for your records.*

# MINNESOTA BOARD OF CHIROPRACTIC EXAMINERS

## GRADUATE PRECEPTORSHIP PROGRAM

### Definitions

In the Graduate Preceptorship Program, unless the context otherwise requires:

1. **"Board"** means the Minnesota Board of Chiropractic Examiners.
2. **"Chiropractor"** includes the terms "Doctor of Chiropractic," "Chiropractic Physician," or the abbreviation "DC." (PLEASE NOTE: Because of the current climate, Externs and Preceptors are hereby advised that the use of the term "Chiropractic Physician" may place you at legal risk from other agencies, in spite of the fact that the term is included in the Board's rules. Please consult your private attorney.)
3. **"Diagnose"** means the physical, clinical, and laboratory examination of the patient, and the use of x-ray for diagnostic purposes within the scope of practice described in Minnesota Statutes, sections 148.01 to 148.10.
4. **"Extern"** means an unlicensed graduate of a board-approved chiropractic college who assists in the care of patients outside the confines of the clinic of a chiropractic college.
5. **"License"** means a license issued by the board to practice chiropractic including an original license or renewal license.
6. **"Practice of chiropractic"** includes the examination, diagnosis, prognosis, and treatment by chiropractic methods, or the rendering of opinions pertaining to those methods, for the purposes of determining a course of action in the best interests of the patient, such as a treatment plan or appropriate referral, or both. The methods may include those procedures preparatory or complementary to a chiropractic adjustment or other normal chiropractic regimen and rehabilitation of the patient as taught in accredited chiropractic schools or programs, pursuant to Minnesota Statutes, section 148.06.
7. **"Preceptor"** means the supervising licensed chiropractic physician approved by the board.
8. **"Preceptorship training program"** means a board-approved program by which an extern may practice chiropractic under the direct supervision of a licensed chiropractic physician for one year period. (PLEASE NOTE: Because of the current climate, Externs and Preceptors are hereby advised that the use of the term "Chiropractic Physician" may place you at legal risk from other agencies, in spite of the fact that the term is included in the Board's rules. Please consult your private attorney.)
9. **"Unlicensed graduate"** means an individual who has received his or her degree in chiropractic from a board-approved chiropractic college.

### General Program Statement

The Board established this Graduate Preceptorship Program (GPP) on October 11, 1990. The development of this program was initiated to allow graduates of an accredited chiropractic college to participate in a training experience. (Please refer to Minn. Stat. 148.06, subd. (1) for information regarding accredited colleges.)

Eligible graduates will be able to continue their clinical training in a chiropractor's office under the supervision of an approved preceptor, while waiting to complete Minnesota licensure requirements.

*An extern may not start the program until they are covered by malpractice insurance and separately approved by the Board in writing. The starting date of their GPP is the date that a complete application is received by the MBCE and malpractice coverage has been established. If the program is started before that time, action may be taken by a disciplinary panel of the MBCE.*

### Program Administrator

The Preceptorship training program is administered by the:

Executive Director  
Minnesota Board of Chiropractic Examiners  
2829 University Ave SE - Ste 300  
Minneapolis MN 55414-3220

Phone: (651) 201-2850  
Fax: (651) 201-2852

## **General Goals and Objectives**

### **Goals**

To provide graduates with an opportunity to continue the development or maintenance of professional skills by participating in a program that allows for continued clinical training and experience while completing licensure requirements.

### **Objectives**

An extern should gain experience which allows him/her to be able to perform the following:

- A. conduct relevant and complete case history;
- B. perform pertinent examinations, selecting and recommending other examinations as needed;
- C. arrive at diagnostic conclusions and determine therapeutic rationales, prepare a treatment regimen, or make a proper referral;
- D. inform patients of findings and recommendations;
- E. refinement of chiropractic methods and applications of adjustment technique;
- F. application of adjunctive therapies, selection of supplemental care and home care instruction;
- G. understand the rationale for re-examination and modifications to treatment regimens;
- H. deal with multiple health problems and selecting priorities of care; and
- I. learn to communicate effectively with patients and to manage their compliance with treatment plans.

### **Procedures for Application - Preceptor**

When applying to the Graduate Preceptorship program, follow procedure A below if you have already selected an extern. If no extern has been selected at the time of application, follow procedure B below.

**Procedure A** – To apply to be a preceptor with an extern already selected:

1. Complete and return all portions of the application with \$100 registration fee;
2. The board will approve/disapprove and notify you; if accepted
3. Contact the preceptors malpractice insurance carrier for verification of insurance and mail to the board office. The first date of extern malpractice coverage is the first date of approved participation in the program.

**Procedure B** – To apply to be a preceptor with no extern identified:

1. Fill out the preceptor application;
2. The board will approve/disapprove and notify you;

### **If you are accepted**

1. you will be notified of approval;
2. if available, the board will provide you with a list of potential externs;
3. when you have chosen an extern, file with the board the following:
  - a. affidavit of preceptor
  - b. graduate application (or indicate to the board that the extern will send this to the board)
  - c. preceptor/extern starting and ending date agreement
  - d. \$100 registration fee
  - e. malpractice insurance verification

### **Procedures for Application - Extern**

To become an extern under the graduate Preceptorship program:

1. fill out graduate extern application and file with the board (or have Preceptor send it in with his or her application to the board)
2. you must sign all agreement forms regarding your starting and ending dates for your Preceptorship program
3. you must arrange for malpractice insurance with the preceptor's insurance carrier before the externship begins

If you do not complete all of the MBCE requirements for licensure (including passing the National Board Part IV Practical examination if applicable and the Board's Jurisprudence examination) within the allotted twelve months under this program, the extern will be automatically terminated from the Preceptorship training program. As of this date, the extern must cease the provision of care to all patients, until s/he is properly licensed.

# MINNESOTA RULES RELATED TO PRECEPTOR PROGRAM

## Role of the Preceptor (Minnesota Rule 2500.2510)

**Preceptors shall follow the procedures in items A to C when supervising an extern.**

- A. The preceptor shall meet with the extern on a regular basis, at least one hour per week, to provide valuable feedback and interaction regarding the extern's performance as an associate doctor and the preceptor's performance as an educator. Patient care shall be discussed as outlined in item B.
- B. The preceptor shall involve the extern in sharing patient care responsibilities, including:
  1. completing the history and examination;
  2. conducting x-ray examinations, preparing reports, and conducting laboratory tests, if applicable;
  3. having the extern maintain patient records and convey information to the preceptor's practice; and
  4. treatment of patients.
- C. The preceptor shall approve the extern's treatment plan before its implementation.

## Eligibility and Responsibilities of Preceptor (Minnesota Rule 2500.2515)

**The preceptor must**

- A. be licensed by the board;
- B. have actively practiced chiropractic continuously for the preceding five (5) years;
- C. have actively practiced chiropractic in Minnesota for at least the last three (3) years;
- D. be in good standing with the board; and
- E. be in private practice only.

**Doctor to Extern Ratio**

The doctor to extern ratio shall be one to one unless special authorization is granted by the board's executive director and at least one board member. Special authorization shall not exceed a doctor to extern ratio of one to two in any situation. An authorization for a doctor to extern ratio greater than one to one lasts only for the duration of the specified extern's Preceptorship training program. Special authorization shall be given under the following circumstances:

- A. when a preceptor is removed from the program while an extern is under the preceptor's supervision and the extern needs to be placed with another registered preceptor; or
- B. when one extern has failed to pass the board licensing examination and that extern's Preceptorship training program time overlaps into another extern's expected starting date.

**Fees**

The preceptor application requires that a \$100 fee shall be submitted. The preceptor approval is awarded for one calendar year. The preceptor must reapply after that year.

**Application**

An applicant for Preceptorship must complete and file with the board a preceptor application, a sworn affidavit, and a preceptor/extern agreement on forms prescribed by the board. The affidavit must:

- A. state that the applicant has been practicing continuously for the immediately preceding five (5) years and in Minnesota for the immediately preceding three (3) years;
- B. state that the applicant has never been disciplined by the board or any state board and is not currently the subject of any investigation or disciplinary action in any state;
- C. include the applicant's Minnesota license number and year of issuance; and
- D. include the name, current mailing address, birth date, and physical description of the extern.

**Continuing Requirements**

A preceptor whose application has been approved must follow the requirements set forth as items A to E.

- A. The preceptor shall notify the board of any malpractice or disciplinary action that occurs subsequent to board approval of participation in the Preceptorship training program.
- B. The preceptor shall act as a teacher to the graduate within the practice environment.

- C. The preceptor must be within the environment in which an extern is working at all times. Failure to maintain this requirement shall result in immediate dissolution of the Preceptorship agreement. In the event of a vacation or illness of the preceptor, the extern may only continue with the extern's duties under the guidance of a licensed doctor of chiropractic who has been approved to serve as a preceptor.
- D. The preceptor must direct the extern only in treatment care that is within the educational background and experience of the preceptor.

- E. The preceptor must provide all patients with the following standard policy statement that informs them of the possibility of an extern performing various services:

Patient care, examinations, and treatment are administered by Dr. (the name of the board-approved chiropractic extern).

Dr. \_\_\_\_\_ is a graduate of an accredited chiropractic college but has not yet completed \_\_\_\_\_ requirements for Minnesota licensure. Please notify office staff if you have any questions or concerns regarding this Office Policy Statement. If you are in agreement with this statement, please sign your name and date on the space provide below.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

### **Eligibility and Responsibilities of Extern (Minnesota Rule 2500.2520)**

#### **Eligibility**

An extern must be a graduate of an accredited chiropractic college.

#### **Malpractice Insurance**

An extern must submit to the board proof of application and acceptance to an authorized malpractice insurance carrier for coverage during the term of the Preceptorship training program.

The extern must contact the insurance carrier of the preceptor doctor and fulfill the carrier's requirements to obtain malpractice insurance coverage during the entirety of the extern's Preceptorship program.

The extern should be aware that documents required may take some time to obtain. Therefore, it is suggested that the extern initiate this procedure within an appropriate amount of time before application for inclusion in the Preceptorship training program.

All documents verifying malpractice coverage must be received by the board before approval of participation in the Preceptorship training program will be given.

#### **Application**

An applicant for externship must:

- A. complete and file with the board an application in a form prescribed by the board; and
- B. submit a certified copy of the applicant's final chiropractic college transcript showing a date of graduation within six months immediately preceding the next scheduled license examination.

#### **Continuing Requirements**

An extern whose application has been approved may only participate in treatment care that is within the educational background and experience of the preceptor.

#### **Minimum Requirements of a Preceptorship training program**

The following requirements must be met for board approval of a Preceptorship training program:

- A. An extern shall not function in the program without written approval of the board; and
- B. A licensed doctor shall not function in the program without written approval of the board.

## **Termination of the Preceptorship Program (Minnesota Rule 2500.2530)**

A Preceptorship training program must terminate no later than one year after inception. It must be terminated before that time if:

- A. the board finds that either the extern or the preceptor failed to comply with Minnesota Statutes, chapter 148, or part 2500.2100;
- B. upon notification of failure to pass the board licensure examination for the second time; or
- C. the preceptor is removed from the Preceptorship training program because of activities that result in disciplinary action by the board that did not involve the extern. Board staff shall make every effort to place the extern with another preceptor in order for the extern to complete the Preceptorship training program with little or no interruption.

If the GPP is terminated by either the extern or the preceptor prior to the one year expiration date, the preceptor must notify the MBCE in writing within 48 hours.