



Alberta
College and
Association of
CHIROPRACTORS

PRECEPTORSHIP PROGRAM Chiropractic College Contract

Application and Contract Between the Alberta College and Association of Chiropractors (ACAC) and the Chiropractic College of Attendance of the Named Student

Date:	Student Name:		
Name of College of Attendance of Student:			
Name of Representative Making Application of Behalf of Student:		Email Address	
Preceptorship Start Date:		Preceptorship End Date:	

I, the Chiropractic College representative, agree to abide by the following directions set by the Alberta College and Association of Chiropractors (ACAC). I understand that this contract can be cancelled at any time by the ACAC. I understand it is my responsibility to ensure that the student is covered by professional liability insurance and I enclose proof of such coverage. I understand all procedures performed by the student named must be supervised by the chiropractor.

I confirm that the named student has been instructed and is aware the following procedures **may** be performed:

1. obtain information for a patient entry
2. obtain a case history
3. conduct an examination, including a diagnosis that must be confirmed
4. use a deliberate, brief, fast thrust to move the joints of the spine beyond the normal range but within the anatomical range of motion, which generally results in an audible click or pop
5. insert or remove instruments, devices or fingers beyond the cartilaginous portion of the ear canal
6. insert or remove instruments, devices or fingers beyond the point in the nasal passages where they normally narrow and beyond the anal verge
7. reduce a dislocation of a joint
8. order any form of ionizing radiation in medical radiography, and nuclear medicine
9. apply any form of ionizing radiation in medical radiography
10. order non-ionizing radiation in magnetic resonance imaging, and ultrasound imaging
11. assist in rendering treatment for ultra sound, electro therapy, massage or trigger point therapy

I confirm that the named student has been instructed and is aware the following procedures **may not** be performed:

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

I have also attached a copy of the certificate of liability insurance provided by this College for the above named student. (Please ensure the student's name is printed on the certificate)

Representative of the College of Attendance Signature

Date

Witness Signature