



PRECEPTORSHIP PROGRAM ACAC Member Contract

Application and Contract between the Alberta College and Association of Chiropractors (ACAC) and the ACAC Member

Date:	Student Name:
Name of College of Attendance of Student:	
ACAC Member Name:	Email Address
Clinic Address	
Preceptorship Start Date:	Preceptorship End Date:

I, the member, acknowledge that an ACAC member background check including assessment of any current or previous discipline matters, any ethics matters, and results of my most recent practice review will be done, with the ACAC Registrar providing the final approval for me, the member, to act as a preceptor.

I, the member, hereby 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 further understand that all the procedures performed by the student at my office must be supervised by me.

Supervised means that I must be physically present and available to assist. I also agree that written consent will be obtained from any patient who will be treated by the student.

I agree that the student can perform the following procedures:

1. obtain information for a patient entry
2. obtain a case history
3. conduct an examination, including a diagnosis that must be confirmed by me
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 agree that the student **will not** perform the following activities and any advance restricted activities even if I am authorized to do so:

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

I have attached confirmation that I have the appropriate professional liability insurance for supervising students. This confirmation states the start and end date for this preceptorship period.

ACAC Member Signature

Date

Witness Signature