



Alberta
College and
Association of
CHIROPRACTORS

PRECEPTORSHIP PROGRAM Student Contract

Application and Contract

Between the Alberta College and Association of Chiropractors (ACAC) and the Chiropractic Student

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

I, the student, 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 understand that it is my responsibility to ensure that I have professional liability insurance valid in Alberta, Canada, for acts performed under this agreement in Alberta, Canada, through my College of attendance. **I have enclosed a cheque or money order for \$150.00** made payable to the Alberta College and Association of Chiropractors. I further understand that all the procedures I perform at the chiropractor's office must be verified and supervised by the chiropractor. Supervision means that the chiropractor must be physically present and ready to assist. I also agree that written consent will be obtained from any patient who will be treated by me.

I agree that with supervision I 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
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

Student Signature

Date

Witness Signature