

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

Date	Student
Name of student's College	
ACAC member	Email
Clinic address	
Preceptorship start date	Preceptorship end date

Regulated members eligible for approval as a preceptor:

- have a minimum of three years practice experience and are a member in good standing
- successfully completed their most recent practice review and have no outstanding issues or requirements
- have no discipline activity currently or for the previous five years
- demonstrate they hold appropriate liability insurance for supervising chiropractic students

I hereby agree to abide by the following directions set by the ACAC. I understand this contract can be cancelled at any time by the ACAC. I further understand that I must supervise all the procedures performed by the student at my office - meaning that I will be physically present and available to assist. I also agree that written consent will be obtained from any patient 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 or 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 protection to supervise students.

ACAC Member Signature

Date

Witness Signature