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

Date

Student

Mailing address

Telephone

Email

Name of Student's College

Preceptorship start date

Preceptorship end date

ACAC member

I hereby agree to abide by the following directions set by the 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 through my College of attendance for acts performed under this agreement in Alberta.

I have enclosed a cheque or money order for \$150 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 meaning that the chiropractor will be physically present and ready to assist.) I also agree that written consent will be obtained from any patient I will treat.

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