CCOA

Preceptorship Program Application

Preceptorship Program Application for the Student

Contract between the College of Chiropractors of Alberta (CCOA) and the chiropractic student

Date:	Student name:
Clinic name:	Student email:
Clinic Address:	
Preceptor name:	Students' graduation date:
Sponsoring Doctor of Chiropractic Program (DCP)	DCP representative
Preceptorship start date:	Preceptorship end date:

Student eligibility requirements

The following requirements are mandatory, and the student must:

- Be within two terms of graduation at my Doctor of Chiropractic Program (DCP)
- Satisfactorily complete the CCOA preceptorship program assessment (jurisprudence) administered by the CCOA.

Supervision expectations

I have read, understand and will follow the supervision guidelines.

Under direct supervision:

1. Spinal manipulation/adjustment
2. Reduction of a joint dislocation
3. Selection of appropriate ionizing radiation
4. Applying ionizing radiation
5. Selection of appropriate non-ionizing radiation
6. Any other restricted activity as outlined in Standard of Practice 4.9 section 6.
7. Formulate of a diagnosis.
8. Develop and make changes to a treatment plan.

Under indirect supervision:

1. Obtain information for patient entry
2. Administer and interpret outcome measure assessments
3. Elicit specific case history
4. Perform an examination
5. Communicate a diagnosis and treatment plan (confirmed by the preceptor)
6. Communicate and provide health education to the patient
7. Perform unrestricted activities such as ultrasound therapy, laser therapy, electrotherapy, soft tissue therapy, prescriptive exercise, lifestyle education, etc.

I agree that I will not perform the following advance restricted activities:

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

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Student declarations

I hereby agree to abide by the following directions set by the CCOA.

- I understand this contract can be cancelled at any time by the CCOA.
- I understand that direct supervision means I am directly observed while physically in the same treatment room as the preceptor while performing any activities that require direct supervision.
- I understand that indirect supervision means the preceptor is physically present in the clinic and available to assist if necessary.
- I understand that I must self-reflect on my own competence and performance and discuss with the preceptors when reviewing their assessment and providing a supervision plans.

Conduct expectations

I understand that by signing this application, I agree that:

- My preceptor must assess my performance prior to providing or amending a supervision plan.
- I may only perform activities as directed by my CCOA approved preceptor in their provided supervision plan.
- I must communicate with my preceptor if they have assigned me ineligible activities or activities, I am not competent to perform in the supervision plan.
- I understand that a patient must provide written consent prior to me providing treatment, and I must make record of explicit consent for any subsequent treatments.
- I understand that direct supervision means my preceptor is in the treatment room with me when performing activities that require direct supervision
- I understand that my preceptor must always be on location and available regardless of whether I am performing activities that require direct or indirect supervision.
- I understand that as a student I must meet the level of performance established in the CCOA Standards of Practice and Code of Ethics.
- I understand that participation in the preceptorship program does not authorize me to work as an associate or assess financial costs for my services.
- I understand that I must refer to myself as a student chiropractor and not represent myself with the title of Doctor, Dr., DC, Doctor of Chiropractic, or Chiropractor,
- I understand that I am not a regulated member of the CCOA and must apply for registration on the General Register upon completion of my chiropractic education to practice chiropractic in Alberta.
- I understand that my preceptor is ultimately responsible for the safety of patients that I am assigned to, and that deviating from the supervision plan makes me accountable for any outcomes.
- I understand that my preceptor is obligated to raise ethical or performance concerns to the CCOA.
- I understand that I am obligated to raise ethical or performance concerns I may have regarding my preceptor to the CCOA.
- I understand that the CCOA is available to address any questions or concerns I have regarding the preceptorship program.
- I understand that I must complete the CCOA preceptorship program jurisprudence examination before my application is considered complete.

Student Signature _____ Date _____

Witness Signature _____