MARYLAND BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301
Baltimore, MD 21215
Office (410) 764-4738
www.health.maryland.gov/chiropractic

CHIROPRACTIC PRECEPTOR SPONSOR APPLICATION

Please type or print all information.

Include a certified check, cashier's check or money order in the amount of ***$300.00 for each office to be inspected,*** *payable to the Maryland State Board of Chiropractic Examiners.*

Name: _____ License Number: _____

Non-Public (Cell) Phone No.:_____ Public (Work) Number:_____

Non-Public Email:_____ Public (Work) Email:_____

Non-Public (Home) Address: _____
Street *City* *State* *Zip*

Public (Business) Address:_____
Street *City* *State* *Zip*

Chiropractic College Attended: _____ Dates Attended:_____

Post-Graduate Education:_____

States in which you hold a chiropractic license and each license number:

State	License #	Issue Date	Expiration Date		State	License #	Issue Date	Expiration Date

Address of Office(s) to be inspected:

a) _____

b) _____

Office Hours: Mon. _____ Tues. _____ Weds. _____ Thurs. _____

Fri. _____ Sat. _____ Sun. _____

Please attach a copy of the front page of your malpractice insurance policy for each office to be inspected. Malpractice Policy No.: _____

BOARD USE ONLY:

Date Rec'd_____ Check #_____ Check Amt._____ Initials _____

Maryland
DEPARTMENT OF HEALTH

CHIROPRACTIC PRECEPTOR SPONSOR APPLICATION

1. Do you use:

In-office x-rays	☐ Yes ☐ No
Manual Developer	☐ Yes ☐ No
Automatic Processor	☐ Yes ☐ No

2. Every patient has an examination that includes:

☐ Temp/Pulse/Respiration
☐ Blood Pressure
☐ Eye/Ear/Nose/Throat
☐ Heart/Lung Sounds
☐ Deep Tendon Reflexes
☐ Cranial Nerve Evaluation

Orthopedic Testing Of:
☐ Upper Extremities
☐ Lower Extremities
☐ Head/Neck/Trunk
☐ Low Back
☐ Area of Complaint Only

X-ray exam includes:
☐ Area of complaint(s)
☐ Full Spine
☐ Area of complain & Full Spine
☐ None Used
☐ Other: _____

3. Laboratory Performed: ☐ In-office ☐ Outside Lab ☐ Not performed

Labs Include: ☐ Complete Blood Count ☐ Chemical Urinalysis ☐ SMAC (any chemistries)
☐ Microscopic Urinalysis

4. Physical therapy modalities used in your office: _____

_____

_____

5. Number of Chiropractors in each office location to be inspected? Office 1_____ Office 2 _____

Number of Chiropractic Assistants in each office? Office 1_____ Office 2 _____

Number of CA Trainees in each office to be inspected? Office 1_____ Office 2 _____

6. Primary Technique used in your practice:

☐ Diversified Full Spine ☐ Thompson ☐ Logan Basic
☐ Gonstead ☐ S.O.T. ☐ Activator
☐ Upper Cervical ☐ A.K. ☐ Other: _____

7. Other Techniques used in your practice:

☐ Diversified Full Spine ☐ Thompson ☐ Logan Basic
☐ Gonstead ☐ S.O.T. ☐ Activator
☐ Upper Cervical ☐ A.K. ☐ Other: _____

8. Other Practices used in your office(s):

☐ Diet Supplementation ☐ Thermography ☐ Stress Mgmt.
☐ Other: _____

Maryland
DEPARTMENT OF HEALTH

CHIROPRACTIC PRECEPTOR SPONSOR APPLICATION

9. Are you willing to provide the Board with monthly and a final evaluation of the student's performance in your office(s), including the total number of hours worked? ☐ YES ☐ NO

10. I have affiliation with the following chiropractic school(s):

_____

_____

_____

I agree to comply with and carry out all rules and regulations pertaining to the Board's externship and preceptorship programs. I also authorize disclosure of my license and disciplinary status by the Board to a preceptor student's chiropractic school. **I understand that should I move my office, I am required to submit a new application and obtain Board approval for the new location**.

_____	_____	_____
Signature	Print Name	Date

BOARD USE ONLY

Date Assigned to Board Inspector _____ Board Inspector _____

Date Inspected _____ Pass _____ Fail _____

Date Board Approved _____ Approval Expiration Date _____

Approval Letter Mailed _____

LUM or LC Signature _____

COMAR 10.43.05.04

.04 Permitted Delegation**.**

A. A preceptor who is a Board-approved licensed chiropractor or an extension faculty member may delegate duties within the scope of one's license, which constitute the practice of chiropractic, to an extern in accordance with COMAR 10.43.

B. A preceptor may permit an extern to perform chiropractic duties as part of a clinical program, subject to the following conditions:

(1) The preceptor shall maintain direct supervision of the extern;

(2) The clinical training program shall be governed by a written agreement between the extern's accredited Board-approved educational institution and the preceptor that:

(a) Has been approved by the Board;

(b) Describes the specific program;

(c) Enumerates the functions the extern may perform; and

(d) Indicates the legal responsibilities assumed by the extern's accredited Board-approved educational institution;

(3) The accredited Board-approved educational institution shall submit to the Board the names of those doctors selected as extension faculty members. The Board shall notify the educational institution of those approved for the program;

(4) A licensed chiropractor may not supervise more than one extern during the same period;

(5) A licensed chiropractor may delegate or permit only duties and functions which are established as part of the clinical training program;

(6) The extern may not supervise chiropractic assistants or trainees; and

(7) An extern applicant that is a licensed chiropractor in another state shall have a preceptor sponsor.

C. A preceptor may permit a licensed extern to perform chiropractic duties as part of the chiropractic practice providing the preceptor:

(1) Maintains direct supervision of the extern; and

(2) Ensures the compliance of the extern to the conditions set forth under Regulation .03B(7) of this chapter.

D. A preceptor with a license to practice chiropractic with physical therapy privileges may supervise an applicant applying for a license to practice chiropractic:

(1) With physical therapy privileges; and

Initials:_____

(2) Without physical therapy privileges.

E. A preceptor with a license to practice chiropractic without physical therapy privileges may only supervise an extern applying for a license to practice chiropractic without physical therapy privileges.

F. Malpractice insurance in an amount defined by the Council on Chiropractic Education shall be obtained:

(1) Before the clinical program begins, by the extern's:

(a) Accredited Board-approved educational institution; and

(b) Extension faculty member participating in the clinical program; or

(2) By the preceptor sponsor of an extern applicant.

G. A licensed chiropractor seeking preceptor status shall:

(1) Submit a completed written application to the Board;

(2) Pay the fee as set forth in COMAR 10.43.06;

(3) Provide written evidence of malpractice insurance as requested by the Board; and

(4) Agree to an administrative inspection of the chiropractic office spaces, equipment, and records as directed by the Board.

I have read, understand fully and agree to comply with the provisions of the above stated regulation.

_____	_____	_____
Print Applicant's Name	Applicant's Signature	Date

MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS
PRECEPTOR SPONSOR SITE VISIT INSPECTION CHECKLIST

DATE OF INSPECTION: _____

PRACTITIONER(S) NAME(S): _____

_____

PRACTICE ADDRESS: _____
STREET SUITE #

_____
CITY COUNTY STATE ZIP CODE

OFFICE PHONE #: _____ OFFICE FAX #: _____

CELL PHONE #: _____ EMAIL: _____

GENERAL REQUIREMENTS	SATISFACTORY			COMMENTS (INCLUDE COMMENTS ON UNSATISFACTORY REQUIREMENTS)
	YES	NO	N/A	
Current license conspicuously displayed				
Public access safe and unobstructed				
Waiting/Common Areas clean and comfortable				
Safe/Sanitary Equipment maintained or sharps container is needles				
Toilet tissue, hand cleaning materials, sanitary towels or other hand drying device provided				
PPE Compliant				
Clean/Laundered or one-time use gowns for patients				
Office Equipped with at least one sink/toilet with running water				
Treatment room (s) clean and comfortable				
X-Ray Equipment Inspection Registration				
Clinical Records stored appropriately with limited access				
Record Keeping Compliant				
Parking & Signage – accessible and sufficient				
ADA Compliant				

Recommendations: _____

_____

_____

MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS
PRECEPTOR SITE VISIT INSPECTION CHECKLIST

INSPECTION ADDRESS: _____

PRACTITIONER(S): _____

REVIEW OF SAMPLE CLINICAL RECORDS

1. _____ Accurate _____ Detailed _____ Legible _____ Organized
2. Signed consent to treat the patient, or the parent Guardian of a minor or incompetent patient ☐ Yes ☐ No
3. Patient's name or method of identification stated on each document contained in the record? ☐ Yes ☐ No
4. Vitals: Height, weight, blood pressure, temperature ☐ Yes ☐ No
5. Patient History updated and complete ☐ Yes ☐ No
6. Patient Assessment or Examination ☐ Yes ☐ No
7. HIPAA Release signed form ☐ Yes ☐ No
8. Daily Treatment Notes/SOAP Notes ☐ Yes ☐ No

PRECEPTOR SPONSOR SITE INSPECTION RESULT

Is a continuation needed due to UNMET Requirements? ☐ YES ☐ NO

Continuation expiration date: _____

Reinspection Date: _____ Requirements Met: ☐ YES ☐ NO

Site Approval Recommended: ☐ YES ☐ NO

Board Member Inspector Name Printed: _____

Board Member Inspector Signature: _____

Date: _____

BOARD APPROVAL

Date Site Approved by the Maryland State Board of Chiropractic Examiners: _____

Effective Date of Approved Preceptor: _____

Expiration of Approved Preceptor: _____