



MARYLAND BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

Office (410) 764-4726; Fax (410) 358-1879

www.health.maryland.gov/chiropractic

CHIROPRACTIC PRECEPTOR SPONSOR APPLICATION

Please type or print all information.

Please include a 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. No cash or credit cards accepted.

Name: Phone No.:

License Number: Email Address:

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:

\_\_\_\_\_

Address of Office(s) to be inspected:

a) \_\_\_\_\_

b) \_\_\_\_\_

1. Do you use:

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

Laboratory Performed: In-office Outside Lab Not performed

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

3. Physical therapy modalities used in your office:

\_\_\_\_\_

BOARD USE ONLY

Date Rec'd Check # Check Amt. Initials



**CHIROPRACTIC PRECEPTOR SPONSOR APPLICATION**

4. Number of Chiropractors in your office? \_\_\_\_\_  
Number of Chiropractic Assistants in your office? \_\_\_\_\_  
Number of CA Trainees in your office? \_\_\_\_\_

5. Primary Technique used in your practice:

- Diversified Full Spine
- Gonstead
- Upper Cervical
- Thompson
- S.O.T.
- A.K.
- Logan Basic
- Activator
- Other: \_\_\_\_\_

6. Other Techniques used in your practice:

- Diversified Full Spine
- Gonstead
- Upper Cervical
- Thompson
- S.O.T.
- A.K.
- Logan Basic
- Activator
- Other: \_\_\_\_\_

7. Other Practices used in your office:

- Diet Supplementation
- Thermography
- Stress Mgmt.
- Other: \_\_\_\_\_

8. Office Hours:      Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Weds. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_  
                                 Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

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

10. I have affiliation with the following chiropractic colleges:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to comply with and carry out all rules and regulations pertaining to the Board's externship program. I also authorize disclosure of my license and disciplinary status by the Board to an Extern's chiropractic college.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***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 to ED _____	Initials _____
Date to BD _____	_____

BOARD USE ONLY	
Date Inspected _____	Pass/Fail _____
Date Board Approved _____	