

## 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.

Date Rec'd

Check #

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.

Na	me:	Pl	none No.:	
Lic	eense Number:			
Ad	dress:			
	Street	City	State	Zip
Ch	iropractic College Attended:		Dates Atter	nded:
Pos	st-Graduate Education:			
	tes in which you hold a chiropract			
Ad	dress of Office(s) to be inspected:			
a) _				
b) _				
	Do you use:			
	In-office x-rays □ Ye Manual Developer □ Ye Automatic Processor □ Ye	es 🗆 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	□ Low Back	s s	X-ray exam includes:  □ Area of complaint(s)  □ Full Spine  □ Area of complain &  Full Spine  □ None Used  □ Other:
	Laboratory Performed:	-office □ Outside I	Lab □ Not p	erformed
	Labs Include: □ Complete Blood □ Microscopic Uri		l Urinalysis □ SMA	C (any chemistries)
3.	Physical therapy modalities used	in your office:		
		BOARD USE ONLY		

Check Amt.

Initials



## CHIROPRACTIC PRECEPTOR SPONSOR APPLICATION

0. I have affiliation with the following chiropractic colleges:	Activator Other:  Logan Basic Activator Other:  Mgmt.  hurs Fri  on of the student's d?	Number of CA Trainees in your office?	ur office?		
Primary Technique used in your practice:    Diversified Full Spine	Activator Other:  Logan Basic Activator Other:  Mgmt.  hurs Fri  on of the student's d?		Number of Chiropractic Assistants in your office?		
Diversified Full Spine	Activator Other:  Logan Basic Activator Other:  Mgmt.  hurs Fri  on of the student's d?	Primary Technique used in your practice			
□ Gonstead □ S.O.T. □ Activator   □ Upper Cervical □ A.K. □ Other:	Activator Other:  Logan Basic Activator Other:  Mgmt.  hurs Fri  on of the student's d?	11mary 100mique asea in your practice	:		
□ Upper Cervical □ A.K. □ Other:  Other Techniques used in your practice: □ Diversified Full Spine □ Thompson □ Logan Basic □ Gonstead □ S.O.T. □ Activator □ Upper Cervical □ A.K. □ Other:  Other Practices used in your office: □ Diet Supplementation □ Thermography □ Stress Mgmt. □ Other:  Office Hours: Mon Tues Weds Thurs Fri  Sat Sun  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 □  0. I have affiliation with the following chiropractic colleges:	Dother:  Logan Basic Activator Other:  Mgmt.  hurs Fri  on of the student's d? YES NO  the Board's externship by the Board to an Extern's	□ Diversified Full Spine	□ Thompson	□ Logan Basi	c
Other Techniques used in your practice:  Diversified Full Spine	Activator Other:  Mgmt.  hurs Fri  on of the student's d?				
□ Diversified Full Spine □ Thompson □ Logan Basic □ Gonstead □ S.O.T. □ Activator □ Upper Cervical □ A.K. □ Other: □ Other: □ Diet Supplementation □ Thermography □ Stress Mgmt. □ Other: □ Office Hours: Mon. □ Tues. □ Weds. □ Thurs. □ Fri. □ Sat. □ Sun. □ Sun. □ Other: □ VES □ Other: □ Thermography □ Stress Mgmt. □ Other: □ Office Hours: Mon. □ Tues. □ Weds. □ Thurs. □ Fri. □ Sat. □ Sun. □ Other: □ VES □ Other: □	Mgmt.  hurs Fri  on of the student's d? □ YES □ NO  the Board's externship by the Board to an Extern's	□ Upper Cervical	□ A.K.	□ Other:	
□ Gonstead □ S.O.T. □ Activator □ Upper Cervical □ A.K. □ Other: □ Other: □ Other: □ Diet Supplementation □ Thermography □ Stress Mgmt. □ Other: □ Other: □ Tues. □ Weds. □ Thurs. □ Fri. □ Sat. □ Sun. □ Sun. □ Other: □ YES □ O. I have affiliation with the following chiropractic colleges: □ Other: □	Mgmt.  hurs Fri  on of the student's d? □ YES □ NO  the Board's externship by the Board to an Extern's	Other Techniques used in your practice:			
□ Upper Cervical □ A.K. □ Other: □	Mgmt.  hurs Fri  on of the student's d?	☐ Diversified Full Spine	□ Thompson	□ Logan Basi	c
Other Practices used in your office:  Diet Supplementation Other:  Thermography Stress Mgmt.  Other:  Mon.  Sat.  Sun.  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?  Thurs.  Fri.  Sat.  YES  Other:  I have affiliation with the following chiropractic colleges:	Mgmt.  hurs Fri  on of the student's d?				
Diet Supplementation	on of the student's d? □ YES □ NO  the Board's externship by the Board to an Extern's	□ Upper Cervical	□ A.K.	□ Other:	
Office Hours: Mon. Tues. Weds. Thurs. Fri. Sat. Sun. Sun. Thurs. Fri. Sat. Sun. Sun. Sun. Sun. Sun. Sun. Sun. Sun	on of the student's d? □ YES □ NO  the Board's externship by the Board to an Extern's	Other Practices used in your office:			
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?   Output  Description:	on of the student's d? □ YES □ NO  the Board's externship by the Board to an Extern's		hermography	□ Stress Mgmt.	
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?   Output  Description:	on of the student's d? □ YES □ NO  the Board's externship by the Board to an Extern's	Office Hours: Mon Tue	es Weds.	Thurs	Fri
agree to comply with and carry out all rules and regulations pertaining to the Board's externshirogram. I also authorize disclosure of my license and disciplinary status by the Board to an Ext	N.A.				
hiropractic college.		agree to comply with and carry out all rules	s and regulations po	ertaining to the Board's	
ignature Date	vate	agree to comply with and carry out all rules ogram. I also authorize disclosure of my li	s and regulations po	ertaining to the Board's	
Please attach a copy of the front page of your malpractice insurance policy for each office to be a spected. Malpractice Policy No.:		agree to comply with and carry out all rules ogram. I also authorize disclosure of my li niropractic college.	s and regulations po	ertaining to the Board's anary status by the Board	
	BOARD USE ONLY	agree to comply with and carry out all rules rogram. I also authorize disclosure of my liniropractic college.  Ignature  Sease attach a copy of the front page of your page of	s and regulations poicense and discipling	ertaining to the Board's on any status by the Board  Date  urance policy for each of	to an Extern's
BOARD USE ONLY Initials 2 Data Inspected	d Pass/Fa	agree to comply with and carry out all rules rogram. I also authorize disclosure of my liniropractic college.  Ignature  Jease attach a copy of the front page of your spected. Malpractice Policy No.:	s and regulations policense and discipling the second discipling t	ertaining to the Board's anary status by the Board  Date  urance policy for each of	office to be