

Northwestern College of Chiropractic

Department of Clinical Education

Community Based Education Faculty Application and Profile

Thank you for your interest in working with a student from Northwestern College of Chiropractic. Every two years an up-to-date “Community Based Education Faculty Application and Profile” must be on file in the Department of Clinical Education for you to be credentialed as an adjunct or associate clinical CBI faculty and every three years for a T10 preceptor. Each doctor to which a student is assigned needs separate and current application materials on file. In a multi-doctor clinic, students are assigned to a specific doctor who is identified as the responsible person for the internship.

To complete this application:

- ✦ **Attach a copy** of the declarations page of your current Malpractice Insurance Policy;
- ✦ **Attach a copy** of your current license(s);
- ✦ **Attach a copy** of your current Basic Life Support training card/certificate.
- ✦ **Include a resume/curriculum vitae** if you are applying to the Community Based Internship program.
- ✦ **Place a check mark** next to the program(s) you are interested in on the application,
- ✦ **Estimate percentages** in the “Clinical Care Profile” section (this helps us match the right student to your practice).

Please return this package to the Department of Clinical Education at Northwestern. Contact our office if you have any questions about any of our community based education programs. Thank you!

This single application is valid for doctors participating in any and all of the internship programs at Northwestern College of Chiropractic, including:

- The Community Based Internship (CBI) Program – a mentorship model internship program designed to give T-8 and T-9 students the chance to work closely with field doctors while completing their class work and quantitative requirements for graduation (available only to select doctors in the state of Minnesota; credentialing, orientation, and feedback visits are required.) Interns cannot be compensated or employed by their faculty clinician;
- The T-10 Preceptorship Program (formerly known as the Chiropractic Physician’s Associate Program) – for final term students who have completed all requirements for graduation and need an opportunity to gain valuable field experience working with an experienced DC. T10 externs cannot be compensated or employed by their faculty clinician. Some T10 doctors choose to award a scholarship to the student at the end of the term;
- The Postgraduate Preceptorship Program – an option for newly graduated, but not yet licensed doctors to continue gaining practical experience in a supervised clinical setting. Depending on a doctor’s location, the program is administered by NWCC or by the local regulatory board. Contact your board or our office for more information.

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NWCC

Community Based Education

Faculty Application and Profile

Please check the program to which you are applying:

- Community Based Internship Program (T8 / T9 Internships)
 T10 Preceptorship Program (T10 Externship/CPAP)
 NWCC Postgraduate Preceptorship Program

NAME/LOCATION

Doctor's Name _____ Date _____
 Clinic Name _____
 Address _____

 Office Phone _____ Fax _____ Email _____

PROGRAM REQUIREMENTS

Malpractice insurance company and policy number _____
 (NWCC requires a minimum standard of \$1,000,000/person and \$3,000,000 aggregate)

***Please attach a copy of the following to this application:**

***declaration page of your malpractice insurance *license(s) *basic life support certification**

Number of years in practice _____ Number of years practicing in current state _____
 Date of licensure _____ Number of years practicing at current location _____
 License number _____ Are you licensed in any other states/countries? _____
 Basic Life Support certificate number _____ If so, which ones? _____

QUESTIONS

- Is your office and its business associates HIPAA compliant? (If no, explain separately) Yes No
- Are you and your associates current with Basic Life Support training? Yes No
- Are you currently in good standing with the State Board of Examiners? Yes No
- Is your practice consistent with Northwestern's Health Care Model? (Enclosed) Yes No
- Has any insurance company ever canceled, refused to renew, or denied you malpractice insurance? Yes No
- Have you ever had any form of disciplinary action brought against you by the Board of Examiners or do you have litigation pending against you? Yes No
- Have you had any felony criminal convictions in your lifetime? Yes No

If you answered NO to any of the first four questions or YES to the last three, please explain on a separate piece of paper. Satisfaction of all program criteria does not guarantee acceptance in to the program.

EDUCATION PROFILE

College(s) attended _____ Dates _____ Degree(s) earned _____

Please list additional certificates, honors, etc. _____

List professional affiliations and memberships _____

IF APPLYING FOR THE COMMUNITY BASED INTERSHIP PROGRAM include a curriculum vitae.

CLINIC PROFILE

Size...

Total square footage of office

500-800 801-1200 1201-2000 2001 or larger

Number of exam rooms _____ Number of treatment rooms _____

How would you describe your clinic model? _____ "Open Room" _____ "Closed Room"

Does your office provide 24-hour emergency care coverage? _____

To what extent is your office computerized (i.e. business functions, record keeping, diagnostic equipment, etc.)?

Laboratory Facilities...

On site X-ray Yes No

Approximate # of patients X-rayed/week _____

On site blood chemistry Yes No

On site urinalysis Yes No

If you refer for X-rays of laboratory, please list name(s) of office / service:

Reimbursement... Estimate the *percentage of each type of reimbursement* in your practice

____ Self Pay / Cash ____ P.I. ____ W/C ____ Major Med ____ Managed Care ____ Pro Bono

Discharge... Estimate the *percentage of your patients* you officially discharge. _____

Practice management group affiliation? Yes No If yes, which one: _____

Please briefly describe your approach to patient care: _____

LEARNING ENVIRONMENT

In accordance with the legal scope of practice in your area, please indicate in which areas the intern/extern could potentially receive hands-on experience

- | | | |
|--|--|---|
| <input type="checkbox"/> Taking case histories | <input type="checkbox"/> Report of findings | <input type="checkbox"/> Managing staff |
| <input type="checkbox"/> Conducting examinations | <input type="checkbox"/> Selecting priorities of care | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Taking x-rays | <input type="checkbox"/> Patient education | <input type="checkbox"/> Scheduling |
| <input type="checkbox"/> Preparing treatment regimens | <input type="checkbox"/> Accounting | <input type="checkbox"/> Managing payroll |
| <input type="checkbox"/> Applying adjustments | <input type="checkbox"/> Preparing insurance materials | <input type="checkbox"/> Tax reporting |
| <input type="checkbox"/> Applying adjunctive therapies | <input type="checkbox"/> Other _____ | |

Please state briefly why you wish to include an intern/extern in your practice.

What amount of time will you be able to meet individually with the intern/extern throughout the program?

STATEMENT OF ACCEPTANCE

I am aware of my educational responsibilities to the student and to NWCC. I will develop an individualized learning plan for each extern and follow the Syllabus Workbook for each intern who is in my office and agree to provide on-site supervision and regular evaluations of his/her performance. I have read the “Chiropractic Health Care Model” and agree my practice is consistent with this model.

Applicant’s Signature

Date

PLEASE RETURN TO:
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