Chiropractic Preceptor License Application Packet

Contents:

Important Social Security Number Information:

If you have a Social Security Number, the law requires you to disclose it on your application for a professional or occupational license. 42 U.S.C. § 666(a)(13); RCW 26.23.150. It will be used under the state's child support enforcement program to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. If you do not have a Social Security Number, you are still eligible to apply for and obtain a credential if you meet the requirements. Please see the Declaration of No Social Security Number Form. Please call the Chiropractic Quality Assurance Commission at 360-236-2822 if you have questions.

In order to process your request:

Mail your application with Initial documentation and your check or money order payable to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Chiropractic Commission
P.O. Box 47858
Olympia, WA 98504-7858

Contact us:

360-236-2822

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Application Instructions Checklist

All information should be printed clearly in blue or black ink. It is your responsibility to submit the correct required forms.

☐ **1. Demographic Information:**

Social Security Number: You must list your social security number on your application. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. Please see the Declaration of No Social Security Number Form. Please call the Chiropractic Quality Assurance Commission at 360-236-2822 if you do not have one.

National Provider Identifier Number (NPI): The National Provider Identifier (NPI) is a standard unique identifier for health care professionals available from the Federal Centers for Medicare and Medicaid Services. The NPI is a 10 digit numeric identifier. If you have a NPI number, provide this on your application.

Legal Name: List your full name: first, middle and last.

Definition of legal name: "Legal name" is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

Birth date: Provide the month, day and year of your birth.

Address: List the address we should use to send any information about your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with Department of Health until we have been notified of a change. See **WAC 246-12-310**.

Phone, Fax, and Cell Numbers: Enter your phone, fax, and cell numbers, if you have them.

Email: Enter your email address, if you have one.

Other Name(s): Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See **WAC 246-12-300**.

☐ **2. Licensure and Disciplinary Action Attestation:**

You must attest that you have been licensed as a Washington chiropractic doctor for the last five years. During this time your license has not been suspended, revoked, or otherwise conditioned or restricted.

☐ **3. Preceptorship Attestation**:
You must attest that you will comply with all statutes, rules, and regulations in the preceptorship of this senior year student or postgraduate trainee.

☐ **4. Applicant's Attestation:**
You must sign and date this for us to process the application.

Preceptor Requirements

Thank you for applying to become a preceptor in Washington State. To qualify to serve as a preceptor we must receive the following:

☐ Submit the completed application and application fee.

☐ **Program Approval**:

Submit a copy of the approval to participate in the program by an accredited school of chiropractic. The letter must include:

a. The name and contact information of the applying preceptor;

b. The location where the senior year student or clinical postgraduate trainee will be practicing; and

c. The dates in which the senior year student or clinical postgraduate trainee is approved to be under the chiropractor's supervision.

☐ **Malpractice Insurance**:

Submit evidence of malpractice insurance. You must provide evidence of malpractice insurance for the clinical postgraduate trainee, the preceptor applicant, and the regular senior year student. See WAC 246-808-190.

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Washington State Department of HEALTH

Date Stamp Here

Revenue: 0252020000

Chiropractic Preceptor License Application

1. Demographic Information

Social Security Number (SSN) (If you do not have a SSN, see instructions)	**National Provider Identifier Number (NPI)** (Enter 10 digit number)	☐ Male ☐ Female ☐ Prefer Not to Answer ☐ X

Name First Middle Last

Birth date (mm/dd/yyyy)

Address

City	State	Zip Code	County

Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)

Email address

Mailing address (if different from above)

City	State	Zip Code	County

Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information with the department.

Have you ever been known under any other name(s)? ☐ Yes ☐ No If yes, list name(s):

Will documents be received in another name? ☐ Yes ☐ No
If yes, list name(s):

2. Licensure and Disciplinary Action Attestation

I certify that I have been licensed as a Washington chiropractic doctor for the last five years. During this time my license has not been suspended, revoked, or otherwise conditioned or restricted.

Applicant's Initials	Date

3. Preceptorship Attestation

I attest that I will comply with all statues, rules, and regulations in the preceptorship of this senior year student or postgraduate trainee.

Chiropractic College Sponsoring This Preceptorship: _____

Name of senior year student or postgraduate trainee: _____

Senior year student or postgraduate trainee date of birth: _____

Applicant's Initials	Date

4. Applicant's Attestation

I, _____, declare under penalty of perjury under the laws of the state of
(Print applicant name clearly)
Washington the following is true and correct:

- I am the person described and identified in this application.
- I have read **RCW 18.130.170** and **RCW 18.130.180** of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated _____ at _____
(mm/dd/yyyy) (City, state)

By: _____
(Signature of applicant)

Washington State Department of HEALTH

Chiropractic Commission
P.O. Box 47858
Olympia, WA 98504-7858
360-236-2822

Chiropractic Preceptorship
Senior Year Student / Postgraduate Trainee Form

This form is to be completed by the senior year chiropractic college student or the chiropractic postgraduate participating in the chiropractic preceptorship. Please use this form to add or remove preceptors.

Senior Year Student - a student in his or her last term (quarter or semester) at an accredited school approved by the Commission who has met all clinical and graduation requirements except clinical training hours. Only senior year students who have passed the Commission's jurisprudence examination may adjust patients.

Postgraduate Trainee - a graduate doctor of chiropractic serving a period of postgraduate chiropractic training in a program of clinical chiropractic training sponsored by an accredited school of chiropractic approved by the Commission.

All information should be printed clearly in blue or black ink.

1. Demographic Information

Check One: ☐ Senior Year Student ☐ Clinical Postgraduate Trainee

Social Security Number (If you do not have SSN, see instructions)	☐ Male ☐ Female ☐ Prefer Not to Answer ☐ X

Name	First	Middle	Last

Birth date (mm/dd/yyyy)

Address

City	State	Zip Code	County

Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)

Email address

2. Preceptor Program Information

Are you adding a preceptor? ☐ Yes ☐ No

Preceptor (Chiropractor) Name:

Chiropractor License Number:

Clinic Address:

Approved Chiropractic College Sponsoring This Preceptorship:

Effective dates of preceptorship will be determined on eligibility letter from approved Chiropractic College and a completed application packet.

Are you removing a preceptor? ☐ Yes ☐ No

Preceptor (Chiropractor) Name:

Chiropractor License Number:

Please note: As a senior year student or clinical postgraduate trainee, you must have a preceptor.

3. Senior Year Student/Postgraduate Trainee Attestation

I attest that I will comply with all statutes, rules, and regulations in the preceptorship of this senior year student or postgraduate trainee. All the information is accurate and complete to the best of my knowledge. I understand that the Department of Health may request additional information if needed.

Senior year student or clinical postgraduate trainee - Original Signature

Date

RCW/WAC and Online Website Links

RCW/WAC Links

Uniform Disciplinary Act, RCW 18.130

Administrative Procedure Act, RCW 34.05

Administrative procedures and requirements, WAC 246-12

Chiropractic Laws, RCW 18.25

Chiropractic Rules, WAC 246-808

Online

Chiropractic Quality Assurance Commission, Web Page