



## PRECEPTORSHIP POLICY

Preceptorships are being offered at various chiropractic educational institutions. A policy for guidelines as to the responsibilities of the licensed chiropractor, as well as the permissible acts allowed by the preceptor, was developed, and adopted by the Board in 2000 (updated in 2025). The New Brunswick Chiropractors' Association (NBCA) reserves the right, without notice, to change, revise, or eliminate any information in this policy. Revised information may supersede, modify, or eliminate existing information. An up-to-date version of the most current policy will be maintained in the Association's office and the Registrar. It is the responsibility of program participants to familiarize themselves with, and to ensure following, the most up-to-date policy.

### Preceptorships

A registered NBCA member in good standing who meets the following requirements may provide a clinical opportunity to a student intern attending a chiropractic college program that holds accredited status with the Council on Chiropractic Education Canada or the Councils on Chiropractic Education International:

- i. Minimum of 5 years of practice in a regulated jurisdiction
- ii. No conditions or restrictions on their license
- iii. Meets the requirements of an accredited educational institution's preceptorship program

The NBCA licensed member agrees to:

- A. Provide to the NBCA detailed documentation of the intent to have a preceptor in their clinic which will include:
  - (i) The student's personal information such as name, address, expected date of graduation, etc.
  - (ii) The dates the preceptor student intern will present at their clinic.
  - (iii) The school that the student is attending at which the preceptorship is established.
  - (iv) any other information that the Board may require.
- B. Provide verification that their liability insurance carrier (i.e., Canadian Chiropractic Protective Association) and the educational institution will provide liability insurance coverage within the parameters of the preceptorship.
- C. Assume responsibility for all actions of the student intern while in their clinic.
- D. Ensure that the student intern complies with all legislative requirements, regulations, standards of practice, policies, and guidelines governing the practice of chiropractic in New Brunswick.
- E. Ensure that no money, goods, or services are exchanged in return for supervision.
- F. Release NBCA, its directors, employees, and members from any and all special or expanded legal liability for injuries sustained or accidents incurred during the preceptorship.
- G. Identify the student intern to the patients in their office during the preceptorship program as a chiropractic student intern and not to imply they are a licensed member of the association.
- H. Sign all forms, such as histories, examination forms, clinical impressions, etc., documented by the student intern under their supervision and assume the responsibility for them as a permanent part of the patient file.

- I. Ensure the student obtains ongoing, informed, and voluntary consent for any examination or treatment.
- J. Retain all patient-related records, in which the student intern was involved, for the same time period as required by provincial law.
- K. Not leave the premises of the office or clinic while undertaking a preceptorship program with the student intern present.
- L. Prioritize public safety above all other objectives, including enhancement of clinical skills and learning.

While undertaking a preceptorship program in the office of a licensed member of the NBCA, a preceptor student intern under the supervision of the licensed member in good standing who meets the requirements specified above, shall:

- A. Be allowed to take x-rays or diagnostic imaging of a patient:
  - i. This does not preclude them from positioning the patient, cassette and bucky under the supervision of the licensed chiropractor or
  - ii. Developing the films.
- B. Adjust patients with a high-velocity, low-amplitude thrust directed at an articulation of the human body.
- C. Apply electro-modalities and massage units to the patient.
- D. Obtain the signature of the licensed chiropractor on any forms completed by them, including the taking of a patient history, examination, clinical impressions, or other documentation that becomes a permanent part of the patient file.
- E. Refrain from communicating a diagnosis, offering a clinical opinion, or recommending a treatment plan unless previously discussed and agreed upon with the clinical supervisor, and ensuring that all actions align with the principles of Evidence-Based Care.
- F. Not accept money, goods, or services in exchange for services rendered as a preceptor.
- G. Never imply that they are a licensed member of the New Brunswick Chiropractors' Association.
- H. Not attend to patients without the licensed chiropractor present on the premises of the office or clinic.
- I. Assume the risk of any accident or injury to themselves during the preceptorship period.
- J. Agree to release NBCA, its directors, employees, and members from any and all special or expanded legal liability for injuries sustained or accidents incurred during or after the preceptorship.
- K. Ensure appropriate permit(s) to work in Canada are secured (if applicable).



## NBCA Preceptorship Student Application

(To be completed by student and returned to [knissen@nbchiropractic.ca](mailto:knissen@nbchiropractic.ca))

Date:

Student intern name:

Mailing address:

Name of chiropractic institution:

Telephone:

Email:

Preceptorship location:

Preceptorship start date:

End date:

### Application fee payment information:

I have enclosed a cheque, money order, or made an [online payment](#) of \$70 for the application fee, payable to the New Brunswick Chiropractors Association

If paying by cheque or money order, please send to the following address:

New Brunswick Chiropractors Association  
PO Box 3121 Fredericton, NB E3A 5G9

### Acknowledgement:

I confirm that I have read, understand, and agree to comply with the NBCA Preceptorship Policy. I acknowledge that it is my responsibility to maintain valid professional liability insurance in New Brunswick, Canada. I understand that this agreement may be terminated at any time by the NBCA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## NBCA Preceptorship Member Agreement

(To be completed by supervising chiropractor and returned to [knissen@nbchiropractic.ca](mailto:knissen@nbchiropractic.ca))

By agreeing to supervise (student intern), I, the undersigned, acknowledge and confirm the following:

1. I have read, understood, and fully agree to abide by the NBCA Preceptorship Policy while the student intern is under my supervision. I accept full responsibility for ensuring compliance with this policy.
2. I agree to release the NBCA, its directors, employees, and members from any special or expanded legal liability related to injuries sustained or accidents incurred during or after the preceptorship.
3. I understand and accept the responsibilities outlined above in my role as supervising chiropractor.

Please attach the following documents:

- Proof of professional liability protection (Canadian Chiropractic Protective Association, or other which is equivalent thereto or better).
- Documentation from the student's accredited chiropractic educational institution regarding the preceptorship placement.

Supervising chiropractor (print)

\_\_\_\_\_  
Supervising chiropractor (signature)

\_\_\_\_\_  
Date

Student intern (print)

\_\_\_\_\_  
Student intern signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NBCA CEO

\_\_\_\_\_  
Date