



Montana Department of **LABOR & INDUSTRY**

Montana Board of Chiropractors
PO Box 200513
(301 S PARK, 4th Floor - Delivery)
Helena, MT 59620-0513
PHONE: (406) 444-6880

dlibsdhhelp@mt.gov www.chiropractor.mt.gov

Registration of Chiropractic Intern and Preceptor Relationship

Intern Requirements Per [ARM 24.126.704](#)

- (1) Intern may perform "chiropractic" and the "functions of a licensed chiropractor".
- (2) Intern must be a chiropractic student approved by a chiropractic program for clinical experience.

Preceptor Requirements Per [ARM 24.126.704](#)

Preceptor must be:

- (1) A chiropractor licensed for at least **three years**.
- (2) In good standing.
- (3) Accepted by a chiropractic program to act as a preceptor to an intern.

Before acting as a preceptor Per [ARM 24.126.704](#)

Provide the Department with:

- (1) The interns name and contact information.
- (2) The name and address of the chiropractic program sponsoring the preceptorship program and approving the chiropractor preceptor.

Preceptor Responsibilities Per [ARM 24.126.704](#)

- (1) Maintain a license in good standing.
- (2) Be responsible for the acts and omissions of the intern.
- (3) Supervise no more than **one intern** at any time.
- (4) Clearly identify the intern to patients as a student.
- (5) Obtain informed consent from patients for treatment by the intern, offering the option for the chiropractor to be present.
- (6) Provide direct supervision on the premises and be readily available during patient care.
- (7) Do not allow the intern to sign insurance claims, workers' compensation claims, or other documents requiring a chiropractor's signature.
- (8) Comply with the preceptorship program requirements.



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Registration of Chiropractic Intern and Preceptor Relationship

Sponsoring Chiropractic Program:

School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Preceptor Information:

Name: _____ License Number: _____

Practicing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Intern Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

PRECEPTOR DECLARATION

I hereby declare under penalty of perjury the information included in this registration to be true and complete to the best of my knowledge. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Preceptor Signature: _____ Date: _____