



# **LIFE CHIROPRACTIC COLLEGE WEST**

## **PRECEPTORSHIP PROGRAM**

Pre-graduate and Post-graduate Internship Program

**PROGRAM POLICIES, PROCEDURES,  
AND APPLICATION**

**Life Chiropractic College West  
Health Center**

25001 Industrial Blvd. | Hayward, CA 94545  
Phone: (510) 780-4567 | Fax: (510) 780-4511  
Program Coordinator: Melanie Mai (510) 780-4500 Ext. 4280

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Thank you for your interest in the Life Chiropractic College West Pre-graduate and Post-graduate Internship Program.

Please review the following materials carefully. If you are interested in participating in this program, please complete the necessary forms and forward the required information to:

Life Chiropractic College West  
Pre-graduate and Post-graduate Internship Program  
25001 Industrial Blvd.  
Hayward, CA 94545

Once the College receives all necessary materials, and the application for the Pre-graduate and Post-graduate Internship Program is processed and approved, you will receive a confirmation letter outlining the terms of your acceptance in the program.

## PROGRAM OVERVIEW

The program is designed to offer the senior student or a person who has earned a D.C. within the last calendar year an opportunity for increased clinical experience prior to private practice, the opportunity to experience additional practice settings and to increase one's exposure to various techniques and clinical practices. For the Supervising Doctor, the program offers the opportunity to assist in the development of a new practitioner and be reinvigorated by the enthusiasm and excitement of a new practitioner.

In California, there are two means by which a person can practice chiropractic within the law. The first is as the holder of a chiropractic license issued by the California Board of Chiropractic Examiners and the second is as a student, through a Board approved chiropractic program, school or college. The Pre-graduate and Post-graduate Internship program allows the Intern to function without being in violation of the California Code of Regulations, Sections 312 (illegal practice) and 313 (inducing a student to practice chiropractic).

## DEFINITIONS

- **Preceptorship Program** – A program approved and administered by Life Chiropractic College West.
- **Preceptor** – A licensed chiropractor who has met the requirements of the College and is approved to act as a supervisor of the Preceptorship Program.
- **Intern/Preceptee** – A graduate from a chiropractic college approved by the College to enroll in the Life Chiropractic College West Preceptorship Program.
- **Direct Supervision** – The Preceptor (licensed DC) must be physically present and available on the clinic premises during all times that the Intern (unlicensed, graduate DC) is involved in patient care activities.

## STATUS OF A SUPERVISING DOCTOR

The Supervising Doctor is an Extension Faculty member of the Life Chiropractic College West (LCCW). As such, he/she must meet all of the requirements for faculty status as would any other faculty member. The Supervising Doctor's office is considered a satellite clinic of the College. The Supervising Doctor is expected to observe all matters of law as they relate to the practice of chiropractic and all laws related to the conduct of a private practice (labor laws, etc.). In addition, the Supervising Doctor must observe and respect the College's policies with respect to honesty, non-discrimination and general faculty responsibilities.

## STATUS OF AN INTERN

An Intern (a person enrolled in HC 889 or HC 890) is a student of the College. Interns enrolled in **HC 889** are degree-seeking students whose ultimate goal is the attainment of a D.C. degree from Life Chiropractic College West. Interns enrolled in **HC 890** have received their diploma and have registered for a specific course to increase their knowledge, skills and experience in a given area.

All Interns are bound by the College Catalog, the Student Handbook and the Health Center Manual. In addition, Interns have agreed to accept the authority and judgment of a Supervising Doctor in clinical matters related to either HC 889 or HC 890. The judgment of the Supervising Doctor is final. If the Intern cannot abide by the judgment in question, he/she should contact the Program Coordinator immediately for guidance. If the Intern believes an inappropriate request has been made of him/her, he/she is expected to professionally and politely refuse to perform the task requested and to contact the Program Coordinator immediately.

## **STATUS OF THE SUPERVISING DOCTOR'S OFFICE**

The physical location in which a Pre-graduate and Post-graduate Internship relationship is being conducted is considered a satellite clinic of the College. If the Intern becomes aware of unsafe working conditions of any kind, he/she is expected to bring this matter to the attention of the Supervising Doctor as well as to the attention of the Program Coordinator. Examples of such situations would include such circumstances as faulty equipment and inadequate environmental control of hazardous chemicals such as x-ray related products.

The practice in which the Pre-graduate and Post-graduate Internship relationship is served must meet the following requirements:

1. The office must be of professional standard and appearance.
2. The office shall enjoy a patient load that is sufficiently large to afford the Intern many opportunities to learn and expand his/her knowledge.
3. The office shall utilize standard professional procedures as defined by law or local practice in the absence of a law.
4. All chiropractic functions performed by the Intern shall be personally approved, supervised and directed by the Supervising Doctor. It is the Intern's responsibility not to proceed with any questionable activity. It is the Supervising Doctor's responsibility to not make inappropriate or illegal requests of the Intern.

## **PROFESSIONAL LIABILITY**

Students registered in HC 889 or HC 890 are covered under the College's master professional liability policy. This coverage extends to the Supervising Doctor in those cases and situations in which the Intern has had a role in the evaluation or care of any patient. The Supervising Doctor is also covered under the College's master professional liability policy.

The College requires the Supervising Doctor to carry a minimum level of professional liability coverage as a criteria for participation in the program.

## **TUITION**

If a person has registered for HC 889 (as a degree-seeking student) and is carrying a full load (12 or more units) at LCCW, then there is no additional cost for HC 889. If the student is a part-time Life West student (with a load of less than 12 units), then the student will be charged **\$400.00** for HC 889.

If a person is a graduate and has registered for HC 890 (non-degree seeking student), then the fee for the course is **\$400.00**.

There is no financial aid opportunity associated with HC 889 or HC 890. Registration for a maximum of four (4) terms will be available.

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# **PRECEPTOR APPLICATION PACKET**

## REQUIREMENTS FOR SUPERVISING DOCTORS

The following are requirements of persons who wish to be Supervising Doctors:

1. The Supervising Doctor is **required** to have been in practice for a minimum of **three years (3)** if they possess a baccalaureate degree in addition to their D.C. degree. In the absence of a baccalaureate degree, **five (5) years** of clinical experience are required.
2. A copy of your D.C. diploma/degree certificate must be filed with the College.
3. A **current copy** of your state license and current year's chiropractic license renewal document must be filed with the College.
4. A current copy of your business card.
5. The College must have verification of professional liability coverage and general liability coverage at the Supervising Doctor related office location. Professional liability insurance in at least the amount of \$100,000/\$300,000 is required.
6. Completion of all forms and declarations included in this packet (i.e. Qualifications as a Supervising Doctor, Doctor/Intern Agreement, etc.). This agreement must extend to the LCCW Health Center, the Board of Regents, Administration, faculty, Interns and/or employees of LCCW in any actions that may arise from the activities associated with the Pre-graduate and Post-graduate Internship Program. **Please take note of all witness signature requirements.**
7. For Supervising Doctors in California, notification will be made to the California Board of Chiropractic Examiners of involvement in this program.
  - a) Supervising Doctors must consent to have a background check completed through the California Board of Chiropractic Examiners database.
  - b) Your acceptance to serve as a Supervising Doctor in the College's program will be subject to a review of your qualification by the California Board of Chiropractic Examiners.
  - c) The proposed Supervising Doctor must be in good standing with the California Board of Chiropractic Examiners and has not been the subject of any local, state or federal charges.
8. Supervising Doctors must be present at all times that the Intern is providing patient care associated with the Pre-graduate and Post-graduate Internship.
9. The Supervising Doctor agrees to provide the Preceptorship Program Coordinator a record of the performance of the Intern. An "Intern Performance Review" form will be submitted at the end of the preceptorship.
10. The Supervising Doctor shall receive no pay or compensation from the College for the activities of the Intern.

## Application Checklist for Preceptor (Supervising Doctor)

All materials listed on this check sheet must be included in the packet. Please keep photocopies of all materials for your own records. It is your responsibility to recheck your checklist and submit proper materials.

### Supervising Doctor Is To Provide The Following:

- Qualifications as a Supervising Doctor.....7
- Supervising Doctor-College Agreement.....8-9
- Supervising Doctor’s Copy of Diploma
- Supervising Doctor’s License/Renewal
- Supervising Doctor’s Professional Liability Insurance
- Supervising Doctor’s Business Card
- Optional: Patient Acknowledgement Form* (Optional form for use in your office provides written acknowledgement by the patient that they consent to be treated by an unlicensed D.C. under the licensed D.C.’s supervision. Please retain for use once the Intern begins rendering patients.).....17

**IMPORTANT NOTICE:** Interns may NOT begin participating in patient care activities under the Pre-graduate and Post-graduate Internship Program until the office has received written or verbal communication from the program coordinator indicating that the program has been approved by the Executive Vice President of the Health Center. Receipt of the **Letter of Approval** (by fax or email), signed by the Executive Vice President of the Health Center with the start and end date noted, will serve as written verification that the program has been approved.



**Qualifications as a Supervising Doctor**

Name: Dr. \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City, State Zip

Phone: \_\_\_\_\_  
Office Phone Fax E-Mail

California/State License #: \_\_\_\_\_ Date of Licensure: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pre-Chiropractic Education: \_\_\_\_\_

Chiropractic Degree Received From: \_\_\_\_\_

Date/Year of Graduation from Chiropractic College: \_\_\_\_\_

**ABOUT YOUR OFFICE**

Number of Exam/Patient Areas: \_\_\_\_\_

Please List Techniques: \_\_\_\_\_

X-Ray on Site: Yes  No  Do You Read Your Own X-Rays: Yes  No

Do You Refer To DACBR: Yes  No  If Yes, How Often: \_\_\_\_\_

Do You Refer Patients for Lab Evaluations: Yes  No  If Yes, How Often: \_\_\_\_\_

Do You Use Physical Therapy Modalities: Yes  No

Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Average Number of Patients Seen Daily: \_\_\_\_\_

Percentage Acute: \_\_\_\_\_ Percentage Chronic: \_\_\_\_\_

Malpractice Insurance Carrier: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Your acceptance to serve as a Supervising Doctor in the College's program will be subject to a review of your qualification by the California Board of Chiropractic Examiners.





# LIFECHIROPRACTIC

COLLEGE WEST

## Supervising Doctor-College Agreement

This agreement is made between Life Chiropractic College West and

\_\_\_\_\_, a proposed Supervising Doctor  
Supervising Doctor

hereinafter referred to as “Supervising Doctor”.

Whereas, Life Chiropractic College West and the Supervising Doctor are desirous of providing the opportunity for an Intern to gain further knowledge and clinical experience, the parties agree as follows:

- Supervising Doctor is a Doctor of Chiropractic licensed to practice in the state and jurisdiction in which the Pre-graduate and Post-graduate Internship is based. She/he has been in active chiropractic practice a minimum of three (3) years if they also possess a baccalaureate degree in addition to their D.C. degree. In the absence of a baccalaureate degree, five (5) years of clinical experience are required. He/she is in good standing with the Board of Chiropractic Examiners of the state in which the proposed Pre-graduate and Post-graduate Internship relationship is to be based. He/she has not been subject to any local, state or federal charges.
- Supervising Doctor agrees to maintain and provide to the Pre and Post Graduate Program Coordinator a record of the performance of the Intern as indicated on the “Intern Performance Review” forms that are provided.
- Supervising Doctor currently enjoys a patient load that is sufficiently large to afford the Intern opportunities to learn.
- Supervising Doctor agrees that he/she will be conduct the program and meet all of the conditions of the Supervising Doctor Program as agreed herein.
- Any controversy between the parties involving the construction, or application of any terms, covenants, or conditions of this agreement, upon written request of one of party served on the other, shall be submitted to arbitration, and such arbitration shall comply with, and be governed by the provisions of the California Code of Civil Procedures.

### PLEASE INITIAL THE FOLLOWING:

Initial: \_\_\_\_\_ As stated in California Code of Regulations, Title 16, Section 310.2, individuals may not advertise or promote, in any manner, the words “doctor” or “chiropractor”, or use the prefix “Dr.” or suffix “D.C.” for the Intern.

Initial: \_\_\_\_\_ In addition to maintaining the aforementioned policy, Supervising Doctor shall indemnify and hold harmless Life Chiropractic College West from any and all damages arising out of

the conduct of the Pre and Post Graduate Internship Doctor Program, the actions of any Intern or the representations of the College.

Initial: \_\_\_\_\_ Supervising Doctor shall maintain, through the terms of this agreement, a professional liability insurance policy in the minimum amount of \$100,000/\$300,000 in aggregate.

Initial: \_\_\_\_\_ Supervising Doctor agrees to follow all state regulations related to the practice of chiropractic and the conduct of business in general. Supervising Doctor agrees to conduct his/her supervision of an assigned Intern in a fair and reasonable fashion avoiding instances of discrimination and impropriety.

Initial: \_\_\_\_\_ Supervising Doctor agrees and consents to the College conducting a background check on the Supervising Doctor involving a search of the chiropractic database of the jurisdiction in which the Pre- and Post-graduate Internship relationship shall take place as well as through the CIN-BAD system of the Federation of Chiropractic Licensing Boards. Supervising Doctor acknowledges that the College will advise the board of chiropractic examiners in the location of the Pre- and Post-graduate Internship relationship of the fact that the relationship is underway.

Initial: \_\_\_\_\_ The Supervising Doctor is aware that if the Supervising Doctor relationship is occurring in California the Board of Chiropractic Examiners will be advised of the involvement.

Initial: \_\_\_\_\_ Supervising Doctors must be present 100% of the time that the Intern is providing patient care associated with the Pre- and Post-graduate Internship relationship.

Initial: \_\_\_\_\_ This agreement is not in effect until approved and signed by the Executive Vice President of the Health Center, or designee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
SUPERVISING DOCTOR

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
DR. TIMOTHY J. GAY, EXECUTIVE VICE PRESIDENT, HEALTH CENTER

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# **INTERN APPLICATION PACKET**

## REQUIREMENTS FOR INTERN

1. Interns enrolled as degree-seeking students who are in the final term of their Health Center experience at Life West and have passed the college's exit exam (I.C.E.) may be eligible for Pre-graduate and Post-graduate Internship program participation.
2. Degree-seeking students must be cleared by the Health Center Registrar as being in the final term of their clinic experience and finished with all minimum Health Center requirements.
  - a) The intern must have completed all clinical requirements for graduation with the exception of the hours requirement which may be partially offset at the preceptorship location.
  - b) The intern must be registered for Clinic IV and be in the last senior term (12th quarter or its equivalent extended/special schedule quarter).
3. Two letters of recommendation from Health Center Faculty members are required for degree students. **For graduates, two letters of recommendation from chiropractic college faculty or practicing chiropractors will be required. We cannot accept a letter of recommendation from the Supervising Doctor for that intern/extern.**
4. Interns who hold a D.C. degree from a chiropractic program or institution approved by the California Board of Chiropractic Examiners may also be eligible to participate in this program.
5. The Intern is required to establish a participation start date.
6. An Intern will be allowed to register a maximum of four times.
7. It is the Intern's responsibility to inform the Pre and Post-graduate Internship Coordinator of any changes or problems that arise in the course of the Pre- and Post-graduate Internship program. Any party, the Intern, the Supervising Doctor or the College may terminate the Supervising Doctor relationship without notice. If it is decided at any time, by the Intern, the Supervising Doctor or the College that the relationship should be terminated, a letter must be sent to the Pre- and Post-graduate Internship Coordinator as soon as possible.
8. When persons register for CLIN 889 or CLIN 890 and are functioning in a Supervising Doctor relationship in California the Board of Chiropractic Examiners will be notified accordingly.
9. The intern is not required to work more than a maximum of 35 hours per week, as prescribed by the California Board of Chiropractic Examiners.
10. The preceptorship must not interfere with the intern's didactic studies nor delay admission as a candidate for examination by their chosen State Board of Examiners.
11. The intern must be approved for the program by the Executive Vice President of the Health Center and the Preceptor Program Coordinator.

**Application Checklist for Intern**

All materials listed on this check sheet must be included in the packet along with payment. Please keep photocopies of all materials for your own records. It is your responsibility to recheck your checklist and submit proper materials.

**Intern Is To Provide The Following:**

- Intern Registration Request Form.....13
- College Registration Form (fill out highlighted areas only).....14
- Intern-College Agreement.....15-16
- Intern’s Health Center Verification of Eligibility (Life West Students Only)
- Two Letters of Recommendation
- Anticipated Start Date: \_\_\_\_\_
- Intern’s Transcript (please request a copy from your college registrar to be sent to Life Chiropractic College West Pre-graduate and Post-graduate Internship Program)
- Intern’s Copy of Diploma
- Intern’s Fee of \$400 (check, money order, or credit card only)

**IMPORTANT NOTICE:** Interns may NOT begin participating in patient care activities under the Pre-graduate and Post-graduate Internship Program until the office has received written or verbal communication from the program coordinator indicating that the program has been approved by the Executive Vice President of the Health Center. Receipt of the **Letter of Approval** (by fax or email), signed by the Executive Vice President of the Health Center with the start and end date noted, will serve as written verification that the program has been approved.

**Intern Registration Request for CLIN 889/890**  
**Pre-Graduate and Post-Graduate Internship Program**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Emergency  Cell  (\_\_\_\_) \_\_\_\_\_

Do you hold a D.C. degree: \_\_\_\_\_ if yes, from: \_\_\_\_\_ Date: \_\_\_\_\_

If no, what is your anticipated graduation date? \_\_\_\_\_

Do you intend to be licensed and practice in the State of California? \_\_\_\_\_

If not, where do you plan to practice? \_\_\_\_\_

In what state and city would you prefer to undertake a Pre- or Post-graduate Internship relationship?

\_\_\_\_\_

Have you identified a potential Supervising Doctor with whom you are interested in working? \_\_\_\_\_

If yes, please provide his/her name and address: \_\_\_\_\_

\_\_\_\_\_

Date you would like to begin your Pre- or Post-graduate Internship relationship:

\_\_\_\_\_

Intern: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this application, I certify that I am not a party to any action within the College, on a civil or criminal basis in any jurisdiction.

Please be sure to contact the coordinator if there are any changes in your status or with any questions you might have.

# REGISTRATION FORM LIFE CHIROPRACTIC COLLEGE WEST

Please use a ball point pen

Student ID: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

The quarter for which you are registering (check one):

SUMMER     FALL     WINTER     SPRING     YEAR \_\_\_\_\_

My schedule status will be (check one):    Regular     Extended     Special   
(12 Quarter Option)                      (14 Quarter Option)

<p>If Regular Schedule (12 Quarter Option), for which class level are you registering?</p> <p><input type="checkbox"/> FR 1    <input type="checkbox"/> SOPH 1    <input type="checkbox"/> JR 1    <input type="checkbox"/> SR 1</p> <p><input type="checkbox"/> FR 2    <input type="checkbox"/> SOPH 2    <input type="checkbox"/> JR 2    <input type="checkbox"/> SR 2</p> <p><input type="checkbox"/> FR 3    <input type="checkbox"/> SOPH 3    <input type="checkbox"/> JR 3    <input type="checkbox"/> SR 3</p> <p>If Extended Schedule (14 Quarter Option), for which class level are you registering?</p> <p><input type="checkbox"/> FRESH A    <input type="checkbox"/> FRESH B    <input type="checkbox"/> FRESH C    <input type="checkbox"/> FRESH D</p> <p><input type="checkbox"/> SOPH A    <input type="checkbox"/> SOPH B    <input type="checkbox"/> SOPH C    <input type="checkbox"/> SOPH D</p> <p>Electives: Number choices 1 or 2 or specify "Both"          _____          _____</p>	<p>Please Indicate Preferred Section</p> <p>1<sup>st</sup> choice _____</p> <p>2<sup>nd</sup> choice _____</p> <p>3<sup>rd</sup> choice _____</p>
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Please indicate changes in the following information:

Local address: \_\_\_\_\_  
STREET CITY STATE ZIP

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you approve of your phone number being released to other students upon request?

YES                       NO

*I understand that I am bound by all rules and regulations governing LCCW, as outlined in the college catalog and student handbook and that failure to abide by these may subject me to student judicial action.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

WHITE-REGISTRAR  
 YELLOW-BUSINESS  
 PINK-STUDENT



# LIFECHIROPRACTIC

COLLEGE WEST

## Intern-College Agreement

This agreement is made between Life Chiropractic College West and the student wishing to participate in a College sponsored Pre-graduate and Post-graduate Internship program hereinafter referred to as "Intern",

\_\_\_\_\_  
Intern

Whereas, Life Chiropractic College West, a Supervising Doctor and Intern are all desirous of providing the opportunity for the Intern to gain further knowledge and clinical experience, the parties agree as follows:

- Intern is a currently registered student (either as a degree student or as a non-degree student).
- Intern agrees to oversight and guidance of the Supervising Doctor and the reporting of the same to the Pre- and Post-graduate Internship Coordinator. A record of the performance of the Intern as indicated on the "Intern Performance Review" forms that are provided is required of the Supervising Doctor to be submitted to the Pre- and Post-graduate Internship Coordinator.
- Applicant hereby warrants that she/he is in good standing with the chiropractic regulatory body of the jurisdiction in which the Supervising Doctor and Internship relationship will be conducted and meets all of the conditions of the Supervising Pre-Graduate and Post-Graduate Internship Program as agreed herein.
- Any controversy between the parties involving the construction, or application of any terms, covenants, or conditions of this agreement, upon written request of one party served on the other, shall be submitted to arbitration, and such arbitration shall comply with, and be governed by the provisions of the California Code of Civil Procedures.
- This agreement is not in effect until approved and signed by the Dean of the Health Center, or designee.

### PLEASE INITIAL THE FOLLOWING:

Initial: \_\_\_\_\_ Intern asserts that he/she has met all of the requirements of participation in the Pre- and Post-graduate Internship program and that he/she has no matters pending within the institution or on a civil or criminal basis (in any jurisdiction) that have not been disclosed in writing to the Pre-and Post-graduate Internship Coordinator.

Initial: \_\_\_\_\_ The Intern is aware that if the Internship relationship is occurring in California the Board of Chiropractic Examiners will be advised of the involvement.

Initial: \_\_\_\_\_ The intern is aware that the Supervising Doctor must be present 100% of the time that the Intern is providing patient care associated with the Pre- and Post-graduate Internship relationship.







# LIFECHIROPRACTIC

## COLLEGE WEST

### **Patient Acknowledgement Form**

*Please have all patients receiving care from  
the Intern complete and sign this form*

I, (Patient's Name) \_\_\_\_\_ a patient at  
(Office Name) \_\_\_\_\_ acknowledge that  
(Intern's Name) \_\_\_\_\_ is an unlicensed  
graduate chiropractic Intern assigned to this office in cooperation with Life  
Chiropractic College West. I acknowledge the Intern's unlicensed status and  
consent to receive care from him/her under the authority and auspices of this  
office.

X \_\_\_\_\_

**Patient's Signature**

\_\_\_\_\_

**Date**