

New Certification for “Chiropractic Technicians” and “Chiropractic Radiological Technicians”

With Governor Doyle’s approval of the Budget Bill for 2009 a new certification process was established for employees of chiropractor’s offices who participate in adjunctive services. The Act was published on June 29, 2009. It is noteworthy that the Governor vetoed two clauses of the bill which would have imposed limitations on a chiropractor’s renewal or continuation of license to practice. First, the Governor vetoed a provision which would have denied a license to an applicant who had defaulted on a student loan. Another veto involved sections of which would have imposed disciplinary standards on a licensee who was found guilty of inappropriate sexual contact with a patient. This article reviews the major provisions of the Bill related to the establishment of a certification process for certain staff members.

The new law creates Wisconsin Statutes §446.02(5) and §446.02(6) for the regulation of individuals who will require certification in order to provide adjunctive services within the chiropractor’s offices. These individuals; whether trained or untrained, were previously referred to as “Chiropractic Assistants” or “CA’s”. Any of these individuals who engage in any form of adjunctive services must now be certified under this new law. The “Chiropractic Technician” (“CT”) may perform adjunctive services; while a “Chiropractic Radiological Technician” (“CRT”) may provide x-ray services on behalf of a chiropractor. While acting as a CRT, the chiropractor must continue to be on the premises supervising this certified individual. Apparently these new initials can now be appended to a person’s name who is certified by the examining board after completing the examination requirements. The requirements for these new designations are being developed by the Board at this time.

It is important to note that the new legislation contains a **definition of “adjunctive services”**. In general, these services are regarded as any activity which is “preparatory or complimentary to the practice of chiropractic”. The statute specifically indicates that the following conduct constitutes adjunctive services:

- (1) The taking and preparation of preliminary patient histories;

(2) Providing physiotherapy treatment;

As a result of this legislation, which will be effective on July 1, 2010, no Wisconsin Chiropractor may delegate the taking of x-rays or performance of adjunctive services to an employee within the office unless that individual is a CT or CRT.

Legal counsel for the Board indicated in a July 27, 2009 memorandum to the Board Members that the **implementation of the certification requirement** involves two (2) time periods depending upon the treatment of two separate groups. First, for those trained technicians who are currently working with a chiropractor, the department may grant certificates to applicants between July 1, 2009 and June 30, 2010 if the applicant provides sufficient evidence to the Board that the individual has met the training requirements under current rules and has performed delegated services under the supervision of a chiropractor on both June 30, 2009 and at the time the individual applies for a certificate. Second, for those perspective technicians who do not or cannot obtain certification before July 1, 2010, new requirements will be added to the application process beginning July 1, 2010. At that time, the prospective applicant will have to pay a fee, submit evidence of an approved education, submit evidence of an arrest or conviction record, if any, and complete any other requirements which may be established by the Board. A CT will have to acquire six (6) credits of continuing education; while a CRT will need twelve (12) credits of continuing education in order to renew their license at the first renewal and all subsequent renewals.

It is interesting to note that the Board will establish criteria as to whether an **arrest or conviction record** will result in denial of approval. In general, any crime would have to be substantially related to the applicants professional activities before the certification could be denied under the States discrimination laws.

At this point, it is not clear what the Board will require as **educational requirements** for the certifications. A doctor who employs an individual who will not be providing any form of adjunctive services can continue to employ that person without the need for obtaining the new certifications. As such, the "front desk" employees can continue to provide exclusive services in the area of receptionist duties, insurance processing, filing, etc. without it becoming necessary for them to obtain any certifications. It is important

that any business cards or other advertising information does not designate these types of individuals as "CT" or "CRT". Although not verified by the Board, it is likely that these types of individuals can continue to carry some type of designation as "CA"; provided that the designation of their duties is not misleading to the public.

Until this time, the prominent form of training and information relevant to the certification was provided by **Moraine Park Technical College (MPTC)**. It is the author's understanding that Moraine Park Technical College welcomes the continuing education requirements for certifying staff and believes that it is an excellent opportunity to reinforce and supplement the diploma and associate degree graduates of their existing program. MPTC desires that the terms "Chiropractic Technician" and "Chiropractic Technologist" be reserved for people formerly trained to work as assistants to doctors of chiropractic. MPTC also regards it as in the public's interest to know that a person designated as a CT or Chiropractic Technologist is a trained staffed person, much like there is a different expectation for a patient or the public when a licensed nurse is giving care as compared to a nursing assistant. Other healthcare designations include those of physical therapists, physical therapy assistant, and physical therapy aid. It is MPTC's understanding that the National Board of State Chiropractic Licensing Boards will be conferring with Wisconsin's Chiropractic Licensing Board as to the appropriate titling and educational standards. MPTC believes that it would be against the national dialogue on this subject if a low standard is set for the title of CT. It is interesting to note that the designation "Chiropractic Technologist" has been used by the graduates of Palmer College of Chiropractic CT programs for over 40 years; while MPTC has now provided a chiropractic technician program for 14 years.

The first renewal after the effective date for certification will be December 15, 2010. The subjects addressed in the test for certification and requirements of continuing education will be established by the Chiropractic Examining Board. The Board reserves the right to not only establish the certification requirements, but also investigate complaints involving CTs and CRTs. The Board ultimately has the authority to investigate complaints involving these individuals and impose appropriate limitations on their abilities to practice under these licensing privileges.

APPLICATION FORMS: As of March 2010, The Department of Regulation and Licensing developed Application forms for CT's and CRT's who are "grandfathered in" under the new law. Copies of those forms are attached with this white paper.

Important Notice: Please read the disclaimer when using this website. All materials provided with white papers; whether for a fee or not, are intended for general informational purposes since the services of a competent professional should be sought for any specific legal needs. Use of the website and this white paper item does not create or constitute an attorney-client relationship with any attorney on the website or providing this resource item.

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

1400 E. Washington Avenue
Madison, WI 53703

FAX #: (608) 261-7083
Phone #: (608) 266-2112

E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

CHIROPRACTIC EXAMINING BOARD

APPLICATION FOR CHIROPRACTIC RADIOLOGICAL TECHNICIAN CERTIFICATION (GRANDFATHERING)

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

Your name and address are available to the public.

Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

PLEASE TYPE OR PRINT IN INK

Last Name	First Name	MI	Former / Maiden Name(s)
-----------	------------	----	-------------------------

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number () _____
--	---------------------------------------

Ethnic/gender status information is optional.

Sex: M
 F

Ethnic: White, not of Hispanic origin
 Black, not of Hispanic origin
 Hispanic

American Indian or Alaskan
 Asian or Pacific Islander
 Other

APPLICATION FEES

Make check payable to Department of Regulation and Licensing and attach to application.

\$53.00 Required Initial Credential Fee

(The ability to obtain this credential through the Grandfathering process ends on July 1, 2010. Your first renewal period will be December 14, 2010. You must renew at that time to continue to hold this credential.)

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED BY THE DEPARTMENT.

- Application Form (#2863)
- Required fee
- Certificate of Completion of a 48-hour course from an approved course provider in relation to the practice of Chiropractic Radiological Technician. (Provide either a copy of Certificate of Completion or course provider Form #2879)

This section must be completed by your supervising chiropractor.

AFFIDAVIT OF SUPERVISED EXPERIENCE

I attest that _____ is currently working as a chiropractic
(Name of Applicant)
radiological technician, or the equivalent, in a position intended primarily to train as a chiropractic radiological technician under my supervision.

"has successfully completed a course of instruction comprising at least 48 hours and including the following components: introduction to x-ray examination; physics of x-ray examination; anatomy; patient position; safety measures; machine operation; exposure techniques and accessories; processing and dark room techniques; film critique and quality assurance; professionalism; recordkeeping; emergency procedures, summary; and successful completion of an examination on the content of the course of instruction."

Signature of supervising chiropractor

____/____/____
Date

DATA ON SUPERVISING CHIROPRACTOR:

(Name) Last First Middle

(Primary Physical Address/Practice Location) Street Number Suite/Unit #

City State Zip Code

Business Telephone Number

WI Chiropractic License Number

Wisconsin Department of Regulation & Licensing

APPLICANT – GENERAL HISTORY:

(Attach additional sheets if necessary)

Have you ever been convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction, or have you ever been a defendant in a military court-martial? Do not include parking or speeding violations.

Yes _____

No _____

If yes, please list date, jurisdiction (state and county), offense, disposition and all relevant information:

Have you ever been the subject of any disciplinary action by the licensing authority of any state or are you the subject of any pending investigation or disciplinary action?

Yes _____

No _____

If yes, provide details and documentation:

CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

_____ a citizen or national of the United States, or

_____ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

ALL APPLICANTS MUST COMPLETE THIS SECTION

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Signature of Applicant

Date

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

CHIROPRACTIC EXAMINING BOARD

APPLICATION FOR CHIROPRACTIC TECHNICIAN CERTIFICATION (GRANDFATHERING)

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

Your name and address are available to the public.

PLEASE TYPE OR PRINT IN INK Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
-----------	------------	----	-------------------------

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth: ____ month ____ day ____ year	Daytime Telephone Number () _____ - _____
---	---

Ethnic/gender status information is optional.

Sex: M
 F

Ethnic: White, not of Hispanic origin
 Black, not of Hispanic origin
 Hispanic

American Indian or Alaskan
 Asian or Pacific Islander
 Other

APPLICATION FEES

Make check payable to Department of Regulation and Licensing and attach to application.

\$53.00 Required Initial Credential Fee

(The ability to obtain this credential through the Grandfathering process ends on July 1, 2010. Your first renewal period will be December 14, 2010. You must renew at that time to continue to hold this credential.)

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED BY THE DEPARTMENT.

- Application Form (#2864)
- Required fee
- Certificate of Completion from an approved course provider in relation to the adjunctive services provided by a Chiropractic Technician. (Provide either a copy of Certificate of Completion or course provider Form #2865)

This section must be completed by your supervising chiropractor.

AFFIDAVIT OF SUPERVISED EXPERIENCE

I attest that _____ is currently working as a chiropractic technician, or the equivalent, in a position intended primarily to train as a chiropractic technician under my supervision and has had training in the following adjunctive services.
(Name of Applicant)

I further attest that I am currently trained and hold the appropriate certification by completing the physiologic therapeutics portion of the examinations of the national board of examiners; or, completed a course of instruction in therapeutic ultrasound and galvanic therapy approved by the board and for all of the following adjunctive services checked below (check each box that applies):

- Exercise/Rehabilitation
- Patient History
- Physical Examination (height, weight and blood pressure specifically)
- Physiologic Therapeutics Overview
- Thermotherapy/Cryotherapy
- Mechanical Therapy
- Electotherapy
- Therapeutic Ultrasound Therapy
- Light Therapy

Signature of supervising chiropractor

_____/_____/_____
Date

Wisconsin Department of Regulation & Licensing

DATA ON SUPERVISING CHIROPRACTIC:

(Name) Last First Middle

(Primary Physical Address/Practice Location) Street Number Suite/Unit #

City State Zip Code

Business Telephone Number

WI Chiropractic License Number

APPLICANT – GENERAL HISTORY:

(Attach additional sheets if necessary)

Have you ever been convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction, or have you ever been a defendant in a military court-martial? Do not include parking or speeding violations.

Yes _____

No _____

If yes, please list date, jurisdiction (state and county), offense, disposition and all relevant information:

Have you ever been the subject of any disciplinary action by the licensing authority of any state or are you the subject of any pending investigation or disciplinary action?

Yes _____

No _____

If yes, provide details and documentation:

Wisconsin Department of Regulation & Licensing

CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

a citizen or national of the United States, or

a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

ALL APPLICANTS MUST COMPLETE THIS SECTION

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Signature of Applicant

Date

