NYSCA

NEW YORK STATE CHIROPRACTIC ASSOCIATION

Leading the Way Toward the Future of Chiropractic

New Practitioner Mentor Program

NYSCA Clinical Practice Committee

NYSCA Mentor Program Manual

Purpose

The NYSCA mentor program is offered to assist new members in their first three years of practice. Mentorees will gain an enhanced understanding of chiropractic practice in the region of New York where they hope to practice to enhance their success. Mentors should offer advice pertaining to but not limited to chiropractic office procedures, understanding the local business climate, interpersonal, patient management, and related issues inherent to successful practice.

Mentor Eligibility

1) To qualify as a NYSCA mentor the following must apply:

    a) Current NY state Chiropractic Licensce

    b) Current malpractice insurance

    c) At least 3 years post-graduation from an accredited chiropractic school

2) A mentor will only meet with mentorees in their own district of residence. A meeting can be in person and/or by phone.

Mentor Benefits

1) A qualified mentor will receive $100 decrease in membership fees as an incentive to mentor a chiropractic student/new chiropractic doctor upon completion of a three month mentorship and associated evaluation.
2) A paid associate doesn't qualify for this program as a paid mentorship is already occurring.

Mentor Expectations

a) Fill out a brief mentor application and send to the Mentor Program Coordinator. (Dr. Stevens, gstevens@northeastcollege.edu)
b) Mentor/ Mentoree meetings must be documented with an encounter form signed by both parties.
c) A short post mentor evaluation survey will be completed to ask for improvements and quality of experience.
d) No funds will be provided by NYSCA (Albany) for mentor meetings. Individual districts may fund meetings as per district policy/vote.
e) If mentors are no longer want to participate in the program contact the mentor program coordinator.

f) Interested mentors can fill out the application annually and be listed on the NYSCA website as available mentors in each district with contract information.

Mentoree Eligibility

1) A mentoree one has to a NYSCA student member or paid NYSCA member in their first three years of practice from graduation from a CCE accredited chiropractic program.

2) A mentoree can request a specific NYSCA mentor or be assigned one for in there district if desired.

3) The mentoree can't be a paid associate of the mentor.

Mentoree Expectations

a) Contact mentor or program coordinator (Dr. Stevens, gstevens@northeastcollege.edu) to obtain a mentor.
b) Attend arranged meetings and be an active interested participant.
c) A short post mentoree evaluation survey will be completed to ask for improvements and quality of experience.

New Practitioner Mentor Application

I am a NYSCA member applying to become a ☐ Mentor or ☐ Mentee (please select)

MENTOR APPLICANTS: ☐ Please defer mentor credit ☐ Please apply $100 credit to my membership upon completion of the mentor program.

Contact Information

Last Name:	First Name:	MI:
Business Address:		
City, State, Zip:		
Office Phone:	Office Fax:	County:
Email:		NYSCA District:

Education/Experience

Chiropractic College:	Graduation Date:
Location:	
New York License Number:	Years in Active Practice:
Other Degrees/Certifications:	

Practice Information

Major Focus of Practice:

☐ General Practice ☐ Pediatric ☐ Geriatric ☐ Sports Injury
☐ Women's Health ☐ Nutrition ☐ Industrial Injury ☐ Personal Injury
☐ Other:

Indicate Services Provided:

☐ On-site X-ray ☐ Electrodiagnostic Testing ☐ Therapeutic Exercise ☐ Adjunctive Modalities
☐ Other:

Approximate number of new patients per week:	Approximate number of office visits per week:

Other health care services provided within your office (e.g. physical therapy, massage, acupuncture):

Support staff positions employed in your office:

Office Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please summarize your standard practice as regards to history, examination, x-ray, diagnosis, treatment, referral, and documentation:

Mentor/Mentee Certification

- I certify that the information provided in this application is complete and accurate.
- If accepted for participation in NYSCA Mentor Program, I agree to comply with the policies and procedures contained in the NYSCA Mentorship Manual.
- I am in good standing with the Chiropractic Board or related professional regulatory agency in the applicable jurisdiction.

Name (printed):	Date:
Signature:	

Please send completed application form and associated application materials to:

Gerald L. Stevens DC, MS, MPH, NYSCA Mentor Program Coordinator
Depew Health Center, 4974 Transit Road, Depew, NY 14043
Phone (716) 685-9631 | Fax (716) 685-9750 | Email: gstevens@northeastcollege.edu

New Practitioner Mentor Program

Mentee Evaluation of Mentor

To be completed by mentee and submitted to NYSCA mentor coordinator after the final meeting. Please send completed evaluation to gstevens@northeastcollege.edu.

Mentor _____

Mentee _____

Please indicate how strongly you agree or disagree with the following statements regarding your mentor experience using the following scale:

Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1	**2**	**3**	**4**	**5**

	1	**2**	**3**	**4**	**5**
Provided advice related to patient management and clinical activities.					
Provided advice related to practice/business activities.					
Enhanced my understanding and appreciation of clinical issues related to chiropractic practice in the mentor's area.					
Enhanced my understanding of insurances, malpractice, etc. of chiropractic practice in the mentor's area.					
Overall, the mentor contributed positively to my understanding and appreciation of practice related issues.					
Overall, I was satisfied with the mentorship experience.					

Please provide a reflective statement about what you gained from this experience:

Please provide any additional comments/feedback you may have:

Mentee's Signature _____ Date _____

New Practitioner Mentor Program

Mentor Evaluation of Mentee

To be completed by field doctor and submitted to NYSCA mentor coordinator after the final meeting. Please send completed evaluation to gstevens@northeastcollege.edu.

Mentor _____

Mentee _____

Please indicate how strongly you agree or disagree with the following statements regarding your mentor experience using the following scale:

Poor	Fair	Adequate	Good	Excellent
1	2	3	4	5

	1	2	3	4	5
ATTENDANCE & RELIABILITY Punctual, follows through with tasks					
APPEARANCE Well groomed, appropriate attire					
ATTITUDE/BEHAVIOR Conscientious, cooperative, respectful, professional					
INITIATIVE Self-motivated, proactive					
COMMUNICATION SKILLS Clear, concise, articulate					
CLINCAL KNOWLEDGE/REASONING Understanding, logic, rationale					

Please provide any additional comments/feedback you may have:

Mentor Signature _____ Date _____