



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 Mainstream Drive, Second Floor
Nashville, TN 37243
<http://tn.gov/health>

BOARD OF CHIROPRACTIC EXAMINERS

CLINICAL INTERNSHIP PERFORMANCE REPORT

This assessment of entry level minimal competence will be completed and submitted as part of the standard application for Chiropractic Therapy Assistants (CTAs) and Chiropractic X-Ray Technologists (CXTs). If hours were obtained in multiple facilities, please use separate forms for each. In addition to this form, please attach a log sheet of the weekly internship hours completed.

Certificate Holder's Name	_____
Dates of Supervision Period	_____
DC/CTA/CXT Supervisor	_____
License Number	_____
Alternate DC/CTA/CXT Supervisor	_____
License Number	_____
Name of Facility	_____
Phone Number of Facility	_____
Facility Address	_____

For Supervisor's Use Only:

Based on the observations for the full term of affiliation of _____ hours, I affirm that this certificate holder _____ Does _____ Does Not meet or exceed the entry level performance in demonstrating clinical competence in Chiropractic Therapy Practice and/or Chiropractic X-Ray Technology Practice within this facility.

Supervisor's Signature

Date

