

After Hours Interest Form

Thank you for your interest in hosting our future chiropractors at your clinic. The Office of Alumni Relations looks forward to working with you on this exciting opportunity for our students and you. Please be aware that visits will be planned no less than two months in advance – this length of time will be used for you to schedule your patients accordingly and for our office to actively advertise the visit to students. Additional information may be requested of you to begin scheduling the visit.

Please Print Clearly

First name: _____

Graduation date: _____

Middle name: _____

e-mail: _____

Last name: _____

Yes – I'd like to receive emails with news, events, and information from Parker University!

Maiden name: _____

Contact & Clinic Information

Home address: _____

Clinic name: _____

Work address: _____

City: _____

City: _____

State: _____

State: _____

Zip: _____

Zip: _____

Country: _____

Country: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Check to keep private

Website: _____

Are you an active member of the Parker Alumni Association? YES NO

Which states are you currently licensed in: _____ License # _____

What are your clinic hours and which day would you like to host a visit?

Select day to host visit:	Mon. <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed. <input type="checkbox"/>	Thurs. <input type="checkbox"/>	Fri. <input type="checkbox"/>
Clinic Open					
Host visit time					

Approximate square footage _____ sq ft
Number of students you can accommodate ___ 5-10 ___ 10-15 ___ 15-20 ___ 20-30 ___ 30 +
What is your average annual overhead percentage? _____%
What is your weekly patient volume? _____
What year did your clinic open? _____
What is the majority of your patient profile? <input type="checkbox"/> Cash <input type="checkbox"/> PI <input type="checkbox"/> Workers Comp <input type="checkbox"/> Rehab <input type="checkbox"/> Other _____
Do you have a biography and a personal headshot available electronically? <input type="checkbox"/> YES <input type="checkbox"/> NO

Clinic Contact Person – would you like us to work with a staff member on the details of this event? Name _____ Position _____

Topic of Discussion

Tell us which areas you are interested in discussing:

- ___ Family practice
- ___ Cash practice
- ___ Practice management
- ___ Patient retention
- ___ Business management
- ___ Real estate
- ___ Clinic advertising
- ___ Patient education technique(s)
- ___ Other _____

Techniques you practice at your clinic:

- Activator methods Upper Cervical
 - Applied kinesiology Thompson
 - Bio Energetic Sync (BEST) Myofacial
 - Cranial SOT
 - Cox/Flexion-distraction
 - Diversified
 - Extremity adjusting
 - Gonstead
 - Other _____
- Specialize in any areas such as pediatrics, geriatrics, radiology, etc? _____

List any professional organizations you belong to, the position you hold, and term length:

Organization (<i>spell out</i>)	Position (<i>if applicable</i>)	Term/Member since
_____	_____	_____
_____	_____	_____

Why do you feel students will benefit from meeting with you?

What makes your clinic unique from other clinics?

List the name and position of each employee at your clinic. Mark box for Parker graduates.

- | | | | |
|----------|--------------------------------------|----------|--------------------------------------|
| 1. _____ | <input type="checkbox"/> Parker grad | 4. _____ | <input type="checkbox"/> Parker grad |
| 2. _____ | <input type="checkbox"/> Parker grad | 5. _____ | <input type="checkbox"/> Parker grad |
| 3. _____ | <input type="checkbox"/> Parker grad | 6. _____ | <input type="checkbox"/> Parker grad |

Finalizing Your Visit:

The Office of Alumni Relations will work closely with you or a staff member on all the details of the visit. We will do our best to accommodate your schedule based on the information you provided on this form. We will not advertise your visit until we have communicated and agree upon the details of the visit.

Steps to finalize the visit –

1. Complete and fax form to – 214.902.3453
2. The Office of Alumni Relations will call you to review the information and discuss possible dates, topics, and advertising.
3. The Alumni Board of Directors will review and approve your application at the monthly Alumni Association Meeting and contact you with a final decision.
4. The Office of Alumni Relations will work with the DC and/or a staff member on the final details of the event.