

Associate Position Application

Name : _____

Email : _____

Telephone : _____

1. Are you willing to be in the office 5 days/week seeing practice members (approximately 35-45 hours a week in the office)?
 Yes No
2. Are you willing to be trained and follow exact Lifetime Wellness Practice procedure guidelines?
 Yes No
3. Are you will be working with another doctor as an associate, are you willing to be closely mentored?
 Yes No
4. Are you willing to adjust only the spine utilizing N.S.A.?
 Yes No
5. Are you prepared to learn and use X-Rays and spinal scans as a primarily analysis procedure?
 Yes No
6. Are you willing to adhere to a dress code?
 Yes No
7. Are you willing to participate in spinal screenings and other chiropractic weekend events for additional hours?
 Yes No
8. Are you willing to fully immerse yourself to learn Network and our procedures as quickly as possible?
 Yes No
9. Why do you want to practice N.S.A.?

10. What would you like to give to this experience?

11. What would you like to gain from this experience?

12. When are looking to begin employment?

13. Are there any major influences that could create difficulties with the acceptance of the position and your work hours (such as significant other, children, weddings, etc.)?

14. What are your specific financial obligations (student loans, credit cards, mortgages, child support) that this position needs to help you provide for?

15. What led you to become a chiropractor?

16. What do you perceive to be your known strengths?

17. What do you perceive to be your known weaknesses?

18. Do you have any health challenges that would impede your expected performance?

19. Are you willing to work towards pre-determined goals (practice member visits/week)?

Yes No

20. Do you have questions for us that would help in determining if this is the right place for you?

21. How did you hear about Lifetime Wellness practice©?

22. Are you willing to attend weekly meetings and trainings?

Yes No

23. Is there anything else you feel is important that may not have been covered in consideration of your employment?

24. Please email a recent photo and CV to support@lifetimewellnesspractice.com