



Pennsylvania Chiropractic Association

Mentoring Committee Questionnaire

Do you have a question for the PCA?

Are you interested in receiving some help about a number of topics from an experienced member of the Chiropractic profession or PCA staff?

Please provide your contact information and topics of interest below and you will receive a correspondence in the coming days with an answer or a mentor contact.

Name (First/ Last): _____

Address: _____

Phone Number (Home/ Work/ Cell): _____

Email address: _____

What is your preferable form of contact?

Email Home Phone Work Phone Cell Phone

What time of day is preferable for contacting you? _____

How many years in practice as a DC: _____

What is/are the topic(s) with which you will need assistance?

- Pennsylvania State Law
- Goal Setting - Short and Long-Term
- Start-up Issues: Licensure, Business Structure, Joining Insurance Companies, etc.
- Reimbursement and Coding Issues
- Marketing Procedures
- General Chiropractic Professional Development
- PCA Organization Culture, Operations, and Administration
- All of the above
- Other- please specify _____

If you have a specific question, please write below:

Thank you.

The Pennsylvania Chiropractic Association Mentoring Committee

~ ~ Please fax this completed Questionnaire to PCA at 717-232-8368 ~ ~