

Rubin Family Chiropractic

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Rubin Family Chiropractic Potential Peak Intern Agreement

Name _____ Email _____ Cell _____ Date _____

In order to make sure you are a right fit for our office, please complete the following and circle your answer. Please be aware that a legal contract with a non-compete clause, HIPPA, and confidentiality statement will be required to PEAK at Rubin Family Chiropractic.

1. I have taken/plan to take the Activator elective class before I begin PEAK, (required to PEAK at RFC). Yes No
Which quarter? _____
2. I am available to PEAK every MWF (8:30am-1:30pm & 2:30-7:00pm) during my PEAK quarters including portions of break. (Exceptions are class conflicts). Initial here _____
3. Before PEAK starts, I commit to come in a minimum of 1 morning/afternoon shift per week each quarter to learn how the office works and shadow Dr Rubin and the current PEAK interns. Initial here _____
4. Dr Rubin has a non-compete clause that all PEAK interns must sign. I understand that I CANNOT work, be employed, volunteer, or practice in an area within a 10-mile radius of Rubin Family Chiropractic office/s during and through the duration after PEAK for 2 years. This item is non-negotiable. Initial here _____
5. While an intern, I commit to being present during mutually agreed upon times during finals and break for PEAK.. Initial here _____
6. Post graduation, my plan is to: _____ Where? _____ Initial here _____
7. I will be PEAKing _____ during the following quarters, and if chosen for the position, will PEAK at Rubin Family Chiropractic and commit to the total duration of my PEAK experience. (Circle answer) Initial here: _____
 - a) Double PEAK for 1 quarter starting Win, Spr, Sum, Fall 20____quarter OR
 - b) Single PEAK for 2 quarters Win, Spr, Sum, Fall 20____ AND Win, Spr, Sum, Fall 20____
8. Please provide 2 letters of recommendation, 1 from a faculty member, 1 from a field doctor, within 2 weeks of this application. Initial here _____
9. I understand that a quick response to this application is expected, and will either scan this completed form or take a picture of it and email it back within 24-48 hours of receiving it. Initial here _____
10. Other additional interests or activities that I have participated in are as follows: (i.e. Activator certification basic/advanced proficiency rating, ICPA classes, service organizations such as activities, clubs, practice management). Please list all that apply:

11. List any other reasons that make you a stand out candidate for PEAK intern in our office:

My signature below represents that all the above information is accurate and I understand and agree to all the PEAK requirements above. I would like to continue being considered as a PEAK applicant for Rubin Family Chiropractic and I am ready to commit and make an immediate decision to PEAK at RFC and begin the in-training process before the quarter, if I am selected.

Signature _____

Date _____

Thanks for taking the time to fill this out. Good luck in the process! Dr. Drew Rubin (V.12.2020)