

ALABAMA STATE BOARD OF CHIROPRACTIC EXAMINERS
PRECEPTOR DOCTOR APPLICATION

5/10/13

Complete all sections and return to:

Alabama State Board of Chiropractic Examiners
126 Chilton Place
Clanton AL 35045

PRINT OR TYPE

NAME AS IT APPEARS ON LICENSE

LICENSE NUMBER

OFFICE STREET ADDRESS

CITY

STATE

ZIP CODE

MAILING ADDRESS

CITY

STATE

ZIP CODE

CLINIC NAME

OFFICE PHONE

HOME PHONE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

CHIROPRACTIC COLLEGE

GRADUATION DATE

YEARS IN ACTIVE PRACTICE

MALPRACTICE INSURANCE POLICY NAME AND NUMBER

(Submit a copy of policy showing up-to-date paid coverage)

APPLYING FOR PRECEPTOR TO: EXTERN _____

NAME OF STUDENT _____

PLEASE SUBMIT A EXTERN WORK SCHEDULE AND ANY ADDITIONAL
INFORMATION THAT MAY PERTAIN TO THIS APPLICATION

**I HAVE READ AND UNDERSTAND SECTION 34-24-145, CODE OF ALABAMA, 1975 AND THE
BOARD OF CHIROPRACTIC EXAMINERS RULES GOVERNING MY PARTICIPATION AS A
PRECEPTOR DOCTOR. I FURTHER UNDERSTAND THAT THE LAW AND RULES GOVERNING
PARTICIPATION IN THIS PROGRAM REQUIRE THE DIRECT ON PREMISE SUPERVISION OF THE
EXTERN BY THE PRECEPTOR DOCTOR AT ALL TIMES.**

SIGNATURE OF APPLICANT

DATE

SWORN TO BEFORE ME THIS _____ DAY OF _____, 20__.

NOTARY SIGNATURE AND SEAL

COMMISSION EXPIRATION

**YOUR APPLICATION WILL BE REVIEWED BY THE PRECEPTOR DIRECTOR. IF YOU
HAVE ANY QUESTIONS CONTACT THE BOARD OFFICE AT 205-755-8000 OR 1-800-949-5838**