

ALABAMA STATE BOARD OF CHIROPRACTIC EXAMINERS  
PRECEPTOR DOCTOR APPLICATION

Complete all sections and return to:

Alabama State Board of Chiropractic Examiners  
1700 Yellowleaf Road  
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 AN 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

**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**