

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
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OFFICE STREET ADDRESS	CITY	STATE	ZIP CODE
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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CLINIC NAME	OFFICE PHONE	HOME PHONE
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DATE OF BIRTH	SOCIAL SECURITY NUMBER
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CHIROPRACTIC COLLEGE	GRADUATION DATE	# YEARS IN ACTIVE PRACTICE
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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**