ALABAMA STATE BOARD OF CHIROPRACTIC EXAMINERS

APPLICATION FOR EXTERN PROGRAM

PLEASE NOTE: PARTICIPATION IN THIS PROGRAM IS NOT REQUIRED.
Complete all sections and return to:

Alabama State Board of Chiropractic Examiners
1700 Yellowleaf Road
Clanton AL 35045

PRINT OR TYPE

_____
LAST NAME FIRST NAME MIDDLE NAME

_____
MAILING ADDRESS CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER_____PHONE NUMBER _____

APPLYING FOR: POSTGRADUATE EXTERN _____

PARTICIPATING IN A SCHOOL PRECEPTOR PROGRAM AT _____

_____
CHIROPRACTIC COLLEGE (ANTICIPATED) GRADUATION DATE

_____
NAME OF REQUESTED SUPERVISING PRECEPTOR DOCTOR

_____
REQUESTED BEGINNING DATE AS EXTERN

NOTE: A COMPLETED EXTERN APPLICATION WHICH INCLUDES ALL REQUIRED DOCUMENTS AND FEES MUST BE ON FILE IN THE EXECUTIVE DIRECTOR'S OFFICE IN ORDER FOR THIS APPLICATION TO BE CONSIDERED BY THE DIRECTOR.

I AM A STUDENT OR RECENT, UNLICENSED GRADUATE AND I HAVE REVIEWED SECTION 34-24-145, CODE OF ALABAMA, 1975 AND THE BOARD RULES CONTAINED IN CHAPTER 190-X-7 PERTAINING TO MY PARTICIPATION IN THE EXTERN PROGRAM. BY EXECUTING THIS APPLICATION AND AS A CONDITION TO PARTICIPATING IN THE EXTERN PROGRAM, I AGREE TO COMPLY WITH ALL THE PROVISIONS OF THE ALABAMA CHIROPRACTIC PRACTICE ACT AND ALL RULES ADOPTED BY THE BOARD.

_____
SIGNATURE OF APPLICANT DATE

SWORN TO BEFORE ME THIS_____DAY OF_____, 20_.

_____
NOTARY SIGNATURE AND SEAL