

ALABAMA STATE BOARD OF CHIROPRACTIC EXAMINERS APPLICATION FOR EXTERN WITHOUT LICENSE TO PRACTICE CHIROPRACTIC

ATTACH
RECENT PASSPORT
SIZE
PHOTOGRAPH
HERE



SIGNATURE ON
BOTTOM OF PHOTOGRAPH

*ALL SPACES MUST BE COMPLETED

PERSONAL BACKGROUND

Use Typewriter or Print Legibly (Applications which cannot be read will be rejected)

1. FULL NAME _____
2. Current Address _____ Telephone with area code _____
City _____ County _____ State _____ Zip Code _____
3. Permanent Address _____ Telephone with area code _____
City _____ County _____ State _____ Zip Code _____
4. **Name and Address of nearest relative not residing with you.**

5. Height _____ Weight _____ Eye Color _____ Sex _____
6. Age _____ Hair color _____ Drivers License Number _____ State _____
7. Date of Birth _____ Place of Birth _____
8. Social Security Number _____ Email _____
9. Are you a citizen of the United States or legally present in the United States? Yes ___ No ___ In order to process your application, you must verify you are a citizen of or are legally present in the United States by submitting any of the form(s) or type(s) of documentation described on the list on the last page of this application.
10. Ten-year history of Resident Address (List location and number of years at each location)

Attach extra sheet if additional space is needed.

EDUCATIONAL BACKGROUND

11. High School Name and Location _____

Year Graduated _____

12. Names of Bachelors / Undergraduate Colleges / Schools you have attended and dates of attendance.

_____ Degree _____

_____ Degree _____

_____ Degree _____

13. Names of Chiropractic Colleges / Schools you have attended and dates of attendance.

_____ Degree _____

_____ Degree _____

_____ Degree _____

14. Give date(s) and Results (Pass or Fail) of each section of the National Boards taken.

Part I _____

Part II _____

Part III _____

Part IV _____

Spec _____

Acupuncture _____

Physiotherapy _____

Ethics and Boundaries _____

EXTERNSHIP INFORMATION

I am applying for the following:

(Check one)

_____ Student Extern _____ 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: _____

AFFIRMATION

I solemnly swear (or affirm) and attest that if approved for Extern I will not use the title "chiropractic," "D.C.," or any word or title to induce the belief that I am licensed in Alabama to practice of chiropractic.

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 and all rules adopted by the Board.

Signature of Applicant

Date

Disciplinary Action Background

15. Have you ever received treatment for drug or alcohol use to include any drug court or deferral program? _____ If yes, attach a separate sheet of paper with explanation to this application.
16. Is any criminal prosecution pending against you in any state, province, federal or other court? _____ If yes, attach a separate sheet of paper with explanation to this application.
17. Have you ever been arrested or convicted of a felony or misdemeanor excluding minor traffic offenses? _____ If yes, attach a separate sheet of paper with explanation to this application.
18. Have you ever been denied a license, permit, registration, or other authority from any state or federal regulatory board or have you ever surrendered any license, permit, registration or other authority from any state or federal regulatory board? _____ If yes, attach a separate sheet of paper with explanation to this application.
19. Has your license, permit, etc. to practice any profession ever been sanctioned or subject to discipline? _____ If yes, attach a separate sheet of paper with explanation to this application.
20. Are there charges pending against you for violation of any state Chiropractic Law and / or Rule? ____ If so, where? _____

I solemnly swear (or affirm) and attest that the statements made herein are true to the best of my knowledge. And further, if approved to Extern by the Alabama State Board of Chiropractic Examiners, I agree to keep the Board fully advised as to my mailing address, residence address and the physical location of my preceptor's office at all times. I agree to give assistance in procuring evidence against, and in the prosecution of violators of the Alabama Chiropractic Practice Act (Law) and Administrative Rules. I am fully aware of the fact that if I am convicted of violating the Alabama Chiropractic Practice Act (Law) and / or Administrative Rules that my externship may be revoked and in such event I agree to stop my externship in Alabama immediately.

Signature of Applicant

Date

Recommendations

Recommendations by two (2) licensed Chiropractic Doctors or College Chiropractic professors are required. (Preferably Alabama Chiropractic Doctors)

Being personally acquainted with the applicant identified on page one of this Extern application form for _____ years, and recognizing the picture attached to page one of this application as one of the applicant, I recommend this applicant to the Alabama State Board of Chiropractic Examiners as a person of high moral character and worthy of approval to Extern.

Name (Please print) _____ D.C. Date signed: _____
Signature _____

Being personally acquainted with the applicant identified on page one of this Extern application form for _____ years, and recognizing the picture attached to page one of this application as one of the applicant, I recommend this applicant to the Alabama State Board of Chiropractic Examiners as a person of high moral character and worthy of approval to Extern.

Name (Please print) _____ D.C. Date signed: _____
Signature _____

AFFIDAVIT

State of _____ County of _____

On this _____ day of _____. 20____ personally appeared before me, a Notary Public within and for the County and State aforesaid, _____ (Applicant's name), who being duly sworn, says that he / she is the person referred to in the application for Chiropractic Extern in Alabama. That he / she has complied with the requirements of the Law and Administrative Rules, and that he / she subscribes to and will uphold the principles incorporated in the Constitution of the United States of America.

Sworn to before me this _____ day of _____, 20_____.

Notary Public Signature and Seal

Applicants Signature

My Commission Expires: _____

I hereby authorize the Alabama State Board of Chiropractic Examiners to request and the recipient of any such request to release any and all information which refers, relates or pertains to me, including but not limited to any file or records maintained or in the possession of any regulatory board or agency, insurance company, governmental agency or other entity or individual and further to include but not limited to any information concerning my physical or mental health and any evaluations, treatment, aftercare, monitoring or aftercare and/or any compliance therewith. I understand and agree this authorization and release is in connection with my application for Extern and to assist and enable the Alabama State Board of Chiropractic Examiners to make a determination of my qualifications for Extern.

Per 34-24-160(b) and 34-24-165(f):

The fingerprints will be utilized to conduct a federal and state criminal background check. Being possessed of sound mind and legally competent to complete this request, the applicant authorizes the Alabama Board of Chiropractic Examiners to obtain any and all criminal history information on said applicant from the ABI and/or FBI. Applicant may challenge or appeal any portion of his/her own Criminal History Record Information (CHRI) that he/she believes to be incomplete or inaccurate by visiting the website of the Alabama Criminal Justice Information Center (ACJIC) at www.acjic.alabama.gov and by clicking under the tab: ACJIC for You, CRIMINAL HISTORY QUESTIONS & CHALLENGES ** Your application cannot be finally processed until the appeal is decided.

Notary Public Signature and Seal

Applicants Signature

Date

Date

My Commission Expires: _____

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
For persons under age 18 who are unable to present a document listed above:			
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
Acceptable Receipts			
May be presented in lieu of a document listed above for a temporary period.			
For receipt validity dates, see the M-274.			
• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.