

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