

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 _____