

Chiropractic Prece

Chiropractic Preceptorship Senior Year Student / Postgraduate Trainee Form

This form is to be completed by the senior year chiropractic college student or the chiropractic postgraduate participating in the chiropractic preceptorship. Please use this form to add or remove preceptors.

Senior Year Student - a student in his or her last term (quarter or semester) at an accredited school approved by the Commission who has met all clinical and graduation requirements except clinical training hours. Only senior year students who have passed the Commission's jurisprudence examination may adjust patients.

Postgraduate Trainee - a graduate doctor of chiropractic serving a period of postgraduate chiropractic training in a program of clinical chiropractic training sponsored by an accredited school of chiropractic approved by the Commission.

All information should be printed clearly in blue or black ink.

1. Demographic Information							
Check One:	Senior Year Stud	Senior Year Student			Clinical Postgraduate Trainee		
Social Security Number (If you do not have SSN, see instructions)					Male Female Prefer Not to Answer		
Name	First	Middle		L	.ast		
Birth date (mm/dd/yyyy)							
Address							
City		State	Zip Code		County		
Country							
Phone (enter	10 digit #)	Fax (enter 10 digit #)		Cell (ent	ter 10 digit #)		
Email address	S						

2. Preceptor Program Information
Are you adding a preceptor?
Preceptor (Chiropractor) Name:
Chiropractor License Number:
Clinic Address:
Approved Chiropractic College Sponsoring This Preceptorship:
Effective dates of preceptorship will be determined on eligibility letter from approved Chiropractic College and a completed application packet.
Are you removing a preceptor?
Preceptor (Chiropractor) Name:
Chiropractor License Number:
Please note: As a senior year student or clinical postgraduate trainee, you must have a preceptor.
3. Senior Year Student/Postgraduate Trainee Attestation
I attest that I will comply with all statutes, rules, and regulations in the preceptorship of this senior year student or postgraduate trainee. All the information is accurate and complete to the best of my knowledge. I understand that the Department of Health may request additional information if needed.
Senior year student or clinical postgraduate trainee - Date Original Signature Date