



Chiropractic Commission
 P.O. Box 47858
 Olympia, WA 98504-7858
 360-236-2822

Chiropractic Preceptor Change Form

This form is for Washington State licensed chiropractors who hold an active preceptor credential and need to add or remove the name and information of the clinical postgraduate trainee or regular senior student they supervise. See [WAC 246-808-190](#) regarding preceptor credentials.

Use a separate form for each student or trainee that you are adding or removing.

Regular senior 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. See [WAC 246-808-510](#).

Clinical postgraduate trainee—A graduate doctor of chiropractic serving a period of postgraduate chiropractic in a program of clinical chiropractic training sponsored by an accredited school of chiropractic approved by this state. The clinical postgraduate trainee works under the direct supervision and control of a commission approved preceptor. See [WAC 246-808-510](#).

Preceptor Information	
Name:	
License Number:	
Email Address:	
Student or Trainee Information	
Are you adding or removing a regular senior student or clinical postgraduate trainee? <input type="checkbox"/> Add <input type="checkbox"/> Remove	
If you are adding a regular senior student or clinical postgraduate trainee, complete the following:	
Regular Senior Student or Trainee Name you are adding:	
Chiropractic College:	
Beginning date of preceptorship: (mm/dd/yyyy)	End date of preceptorship: (mm/dd/yyyy)
If you are removing a regular senior student or clinical postgraduate trainee, complete the following:	
Regular Senior Student or Trainee Name you are removing:	
Please complete the following:	
<input type="checkbox"/> Provide verification of approval to participate in the program from an approved chiropractic college for the regular senior student or clinical postgraduate trainee, submitted directly to the Department.	
<input type="checkbox"/> I certify I have not had my chiropractic license suspended, revoked, or otherwise conditioned or restricted in the preceding five years.	
<input type="checkbox"/> I have malpractice insurance in the amount of \$ _____.	

I attest that I will provide direct supervision and control. I will be on the premises and immediately available any time the clinical postgraduate trainee or regular senior student treats patients in accordance with [WAC 246-808-535](#). I will meet with the patient prior to commencement of chiropractic care and inform the patient of the unlicensed status of the person from whom care is being received.

Signature of the preceptor

Date