



## 2. Preceptor Program Information

Are you adding a preceptor?  Yes  No

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?  Yes  No

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 -  
Original Signature

\_\_\_\_\_  
Date