



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

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.

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. Fill out section one and two, then forward to potential preceptor for completion of section three and four.

1. Demographic Information			
Check One:		<input type="checkbox"/> Senior Year Student	<input type="checkbox"/> Clinical Postgraduate Trainee
Social Security Number (If you do not have SSN, see instructions)		<input type="checkbox"/> Male	<input type="checkbox"/> Female
		<input type="checkbox"/> Prefer Not to Answer	
		<input type="checkbox"/> X	
Name	First	Middle	Last
Birth date (mm/dd/yyyy)			
Address			
City	State	Zip Code	County
Country			
Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)	
Email address			

2. Senior Year Student / Postgraduate Trainee Attestation

I attest that the above information is accurate and complete to the best of my knowledge. I understand that the Department of Health may request additional information if it is needed.

Student / Trainee - Original Signature

Date

3. Preceptor Program Information

Preceptor (Chiropractor) Name:

Chiropractor License Number:

Clinic Address:

Approved Chiropractic College Sponsoring This Preceptor:

Approved Chiropractic College Sponsoring This Preceptorship:

Dates of Preceptorship: Starting: _____ Ending: _____
(mm/dd/yyyy) (mm/dd/yyyy)

4. Preceptor Attestation

I attest that I will comply with all statutes, rules, and regulations in the preceptorship of this senior year student or postgraduate trainee.

Preceptor - Original Signature

Date