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 126 Chilton Place Clanton AL 35045

PRINT OR TYPE

LAST NAME	FIRST NAME	FIRST NAME		MIDDLE NAME	
MAILING ADDRESS		CITY		STATE	ZIP CODE
SOCIAL SECURITY NU	MBER		_PHONE NUMB	BER	
APPLYING FOR: POST	GRADUATE EXTERN	I	_		
PARTICIPATING IN A SCHOOL PRECEPTOR PROGRAM AT					
CHIROPRACTIC COLLE	EGE		(ANTICIPATED) GRADUA	TION DATE
NAME OF REQUESTED SUPERVISING PRECEPTOR DOCTOR					
REQUESTED BEGINNII	NG DATE AS EXTER	N			
NOTE: A COMPLETED APPLICATION FOR LICENSURE 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 R SECTION 34-24-145, <u>CC</u> CHAPTER 190-X-7 PER EXECUTING THIS APPI EXTERN PROGRAM, I A CHIROPRACTIC PRAC	<u>DDE OF ALABAMA,</u> 1 TAINING TO MY PAF LICATION AND AS A AGREE TO COMPLY	975 AND RTICIPATI CONDITION WITH ALI	THE BOARD RI ION IN THE EXT ON TO PARTIC L THE PROVISI	ULES CONT FERN PROC IPATING IN ONS OF TH	AINED IN BRAM. BY THE
SIGNATURE OF APPLIC	CANT			DA	TE
SWORN TO BEFORE M	IE THIS DAY	OF		_, 20	
NOTARY SIGNATURE A	AND SEAL		_		

YOUR APPLICATION WILL BE REVIEWED BY THE PRECEPTOR DIRECTOR. IF YOU HAVE ANY QUESTIONS CONTACT THE BOARD OFFICE AT 205-755-8000 OR 1-800-949-5838