

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	MIDDLE NAME
-----------	------------	-------------

MAILING ADDRESS	CITY	STATE	ZIP CODE
-----------------	------	-------	----------

SOCIAL SECURITY NUMBER _____	PHONE NUMBER _____
------------------------------	--------------------

APPLYING FOR: POSTGRADUATE EXTERN _____

PARTICIPATING IN A SCHOOL PRECEPTOR PROGRAM AT _____

CHIROPRACTIC COLLEGE _____	(ANTICIPATED) GRADUATION DATE _____
----------------------------	-------------------------------------

NAME OF REQUESTED SUPERVISING PRECEPTOR DOCTOR _____

REQUESTED BEGINNING DATE AS EXTERN _____

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 RECENT, UNLICENSED GRADUATE AND I HAVE REVIEWED SECTION 34-24-145, CODE OF ALABAMA, 1975 AND THE BOARD RULES CONTAINED IN CHAPTER 190-X-7 PERTAINING TO MY PARTICIPATION IN THE EXTERN PROGRAM. BY EXECUTING THIS APPLICATION AND AS A CONDITION TO PARTICIPATING IN THE EXTERN PROGRAM, I AGREE TO COMPLY WITH ALL THE PROVISIONS OF THE ALABAMA CHIROPRACTIC PRACTICE ACT AND ALL RULES ADOPTED BY THE BOARD.

SIGNATURE OF APPLICANT _____	DATE _____
------------------------------	------------

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