

**APPLICATION FOR PARTICIPATION IN PRECEPTOR PROGRAM
FOR NEVADA LICENSED CHIROPRACTOR**

| | |
|-----------|-------|
| Name | _____ |
| Address | _____ |
| Telephone | _____ |

| | |
|---|-------|
| Student's name | _____ |
| Address where student will perform chiropractic services under licensee's supervision | _____ |
| Telephone | _____ |

| | | | |
|---------------------------------|-------|----------|-------|
| Preceptorship commencement date | _____ | End date | _____ |
|---------------------------------|-------|----------|-------|

| |
|---|
| Have you ever been disciplined or are you presently subject of an investigation or disciplinary action by any licensing board? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, attach page giving details, including date, jurisdiction, nature of violation, final disposition, etc. |

| |
|---|
| Work history: Active practice with active license |
| <u>Nevada</u> |
| From _____ to _____ License No. _____ |
| <u>Other State Name:</u> _____ |
| From _____ to _____ License No. _____ |

Regarding **child support**, ONE of the following blocks **MUST BE MARKED**:

- I AM NOT subject to a court order for the support of a child or children.
- I AM subject to a court order for the support of one or more children and I AM in compliance with the order, or I AM in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- I AM subject to a court order for the support of one or more children and AM NOT in compliance with the order of a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Regarding reporting of **child abuse**, the following block **MUST BE INITIALED**:

- I have been informed that I am required by law to report the abuse or neglect of a child to an agency which provides child welfare services or to a law enforcement agency no later than 24 hours after I knew or had reasonable cause to believe the child has been abused or neglected.

The following supporting documents must be submitted with this application:

- **Copy of Declarations Page of your current malpractice insurance in an amount no less than \$1,000,000 per occurrence and not less than \$3,000,000 in the aggregate**
- **Written statement from student's chiropractic college accepting you to serve as preceptor**
- **Payment of \$35.00 application fee**

I certify that the above information is true and correct.

Signature _____ Date: _____