

STUDENT APPLICATION FOR PARTICIPATION IN PRECEPTOR PROGRAM

Name _____
Address _____
Telephone _____

Name of preceptor _____
Address(es) where you will perform chiropractic services under supervision of above
preceptor _____
Telephone _____

Preceptorship commencement date _____ End date _____

By signing and dating below, I hereby:

- (1) Acknowledge that I have read and understand the Nevada Revised Statutes (NRS chapters 634 and 629) and the Nevada Administrative Code (NAC chapter 634) as they will apply to my practice in the preceptorship program;**
and
- (2) Authorize the Chiropractic Physicians' Board of Nevada to obtain information from _____ (student's chiropractic college), where I am enrolled to verify that I am qualified to practice chiropractic as a participant in a preceptor program.**

Signature _____ Date: _____

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:

- Preliminary transcript or other written document from your chiropractic college that verifies you
 1. Have successfully completed all the didactic course work required for enrollment in your final academic year
 2. Are in good standing with your chiropractic college
 3. Have completed the hours of clinical work required by chiropractic college to qualify for participation in preceptor program
- Copy of written agreement between student applicant and preceptor
- Payment of \$35.00 application fee

I certify that the above information is true and correct.

Signature _____

Date: _____