

**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  No   
If yes, attach page giving details, including date, jurisdiction, nature of violation, final disposition, etc.

Work history: Active practice with active license  
**Nevada**  
From \_\_\_\_\_ to \_\_\_\_\_ License No. \_\_\_\_\_  
**Other State Name:** \_\_\_\_\_  
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: \_\_\_\_\_