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CHIROPRACTIC PHYSICIAN'S BOARD OF NEVADA

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Preceptor Program

All work performed by the student must be done only at the direction of and under the direct supervision of the Preceptor.

The student agrees to participate in the preceptor program under the supervision of the preceptor from commencement date _____ to end date _____ and;

1. The preceptor agrees to take full liability and responsibility for any work performed by the student;
2. The preceptor will not authorize the student to perform any act which is prohibited by [NAC 634.339](#); the student will not perform any act which is prohibited by [NAC 634.339](#);
3. The student agrees and acknowledges that all work performed by the student must be done only at the direction of and under the direct supervision of the preceptor;
4. The student acknowledges he/she will not practice chiropractic for more than 40 hours during any week in which the student participates in the preceptor program.
5. The student acknowledges he/she has read and understands the laws of the state of Nevada relating to the practice of chiropractic.

The signatures below signify agreement to the terms of the preceptorship.

DC: _____ Date: _____

Print Name: _____

Student: _____ Date: _____

Print Name: _____

Please upload with your application.