



State of Louisiana Board of Chiropractic Examiners

8621 Summa Avenue, Baton Rouge, LA 70809

Phone: 225-765-2322 / Fax: 225-765-2640 / Email: lsbce@catel.net

Preceptee Application for Preceptorship Program

Instructions: Please complete all sections. Incomplete applications shall not be considered. Attach additional documentation if necessary.

Applicant Information

Full Name:

Address:

Phone Number:

Email Address:

Qualification Requirements

1. Eligibility Confirmation

Are you a student at a CCE-accredited chiropractic college who is in his or her last academic year and who desires to participate in the Preceptorship Program in the State of Louisiana.

☐ Yes ☐ No

2. College Certification

Please provide certification by an official of your college that you the student applying has satisfactorily completed the prerequisite portion, as determined by the college, that the curriculum at the approved college quality's said student for participation as a preceptee in the Preceptorship Program in the State of Louisiana.

Please attach forms physically or digitally to application submission.

3. Fees

Please submit payment as a money order, cashiers check payable to the Louisiana Board of Chiropractic Examiners, in the amount of **\$50.00** for the preceptorship application fee. Fees are not refundable under any circumstances.



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4. Preceptor and Clinic Information -Doctor of Chiropractic (Preceptor):

Please submit the name of all Chiropractic Doctors, Clinic Names, and Clinic address at which you will be participating in this program. (If more than one please attach additional information.

CHIROPRACTIC DOCTOR NAME:

CLINIC NAME:

CLINIC ADDRESS:

5. Contact Information During Preceptorship Program

Please provide your current phone number where you can be contacted and your address You will be staying during the preceptorship program. If not known, it is your responsibility to provide the Board with this information once you know and prior to starting your preceptorship.

ADDRESS:

PHONE #:

Declaration

I certify that the information provided above is true and complete to the best of my knowledge. I understand that any false or misleading information may result in disqualification from the program.

Signature: _____ **Date:** _____