



State of Louisiana Board of Chiropractic Examiners

8621 Summa Avenue, Baton Rouge, LA 70809

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

Preceptor Application Form for Supervisor

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

Applicant Information

Full Name:

Address:

Phone Number:

Email Address:

Eligibility Questions

1. Licensure History

Have you held an active chiropractic license in good standing in Louisiana or another jurisdiction for at least five (5) years?

☐ Yes ☐ No

2. Current Louisiana License

Do you hold an original or current renewal license issued by the Louisiana Board for at least one (1) year?

☐ Yes ☐ No

If yes, License Number: _____

3. Disciplinary Actions

Have you had any disciplinary action in the preceding three (3) years in any jurisdiction, or do you have any pending or open complaints/investigations?

☐ Yes ☐ No

If yes, please explain: _____



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4. Practice Activity

Do you maintain chiropractic practice with a minimum of fifty (50) patient visits per week?

☐ Yes ☐ No

5. Malpractice Insurance

Do you have current, valid malpractice insurance that includes coverage for the Preceptee?

☐ Yes ☐ No

6. Scope of Practice

Do you utilize the following procedures in your chiropractic practice? (Check all that apply)

☐ Taking a patient's medical history

☐ Physical examination of a patient

☐ Diagnostic procedures where indicated

☐ Perform treatments and procedures within the scope of chiropractic in Louisiana

7. Supervision Capacity

Are you able to supervise no more than one (1) preceptee per semester?

☐ Yes ☐ No

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:** _____