BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA BOARD OF CHIROPRACTIC EXAMINERS
1625 N. Market Blvd., Ste N-327, Sacramento, CA 95834
P (916) 263-5355 | Toll-Free (866) 543-1311 | F (916) 327-0039 | www.chiro.ca.gov

PRECEPTOR REQUEST

Instructions: Complete Sections 1 and 2 of this form. Submit this form to the Board, at the address below, with a check or money order in the amount of $31.00 made payable to “BOCE”. Please allow 2-4 weeks for processing.

Section 1: **College Information:** Date ____________________

Name ____

Contact ____

Phone # ____

Address ____

City, State, Zip Code _________________________

Check how you would like to receive the response:

☐ Fax # ___________________________________

☐ Email ___________________________________

Section 2: **Preceptor – Doctor of Chiropractor:**

Chiropractor Name ______________________ License # DC - __________

Address ____

City, State, Zip Code _________________________

Phone # ____

***NOTE:** If the chiropractor will also be training at additional locations, please include a listing of locations with the address and satellite certificate numbers.

Student - Intern

Name ____

Graduation Date ___________________________________

FOR OFFICE USE ONLY

☐ **APPROVED**

☐ **DENIED** **Reason for denial** ____

Signature **Date** ______________________