

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY · GAVIN NEWSOM, GOVERNOR DEPARTMENT OF CONSUMER AFFAIRS · CALIFORNIA BOARD OF CHIROPRACTIC EXAMINERS 901 P St., Suite 142A, Sacramento, CA 95814 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 #
	* <b>NOTE:</b> 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
	VED
	D Reason for denial
Signatu	ure Date