



# State of Arizona Board of Chiropractic Examiners

5060 North 19<sup>th</sup> Avenue Suite 416 • Phoenix, Arizona 85015  
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Website: www.azchiroboard.com

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Executive Director

## Extern Application

### Preceptor Training Program

#### Section A

*To be Completed by Extern*

#### 1. Extern Information

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Eye color: \_\_\_\_\_

Hair color: \_\_\_\_\_ Height \_\_\_\_\_ Weight: \_\_\_\_\_

Identifying scars, marks, or tattoos: \_\_\_\_\_

Have you ever been convicted of, or pled guilty to or plead nolo contendere to a misdemeanor or felony, even if later the record of the conviction was sealed or expunged or the conviction itself set aside or forgiven, or entered into a stipulation or settlement agreement in lieu of such proceedings? You are not required to disclose adjudications that took place in Juvenile Court.

Yes  No

Are you currently, under arrest, charged with, indicted for, or under investigation of a misdemeanor or felony, requiring resolution in the courts?

Yes  No

*If you answered "YES" to the above questions, you must attach a separate list to this application that identifies each crime, whether the crime is a misdemeanor or felony, the date of the conviction (or arrest, indictment or charge), and the court or law enforcement agency having jurisdiction.*

**Photographs: Provide two identical photographs showing your full face (NO group photos). The photographs may be color or black and white (Passport photos are OK).**

#### 2. Preceptor Information:

Name: \_\_\_\_\_  
Last First Middle

Office Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

Telephone Number: (\_\_\_\_\_)\_\_\_\_\_

Clinic Name: \_\_\_\_\_

### 3. Qualifications/Requirements/Fees

*I hereby apply to be an extern in the Arizona Preceptorship Program as indicated below, and agree to submit the required documentation and the \$75.00 fee:*

I will participate in an undergraduate or postgraduate preceptor program offered by an accredited Chiropractic College and can provide proof of enrollment. The contact person at the college is:

Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_)\_\_\_\_\_

I will submit the following from the Chiropractic College:

- Certified transcript showing eligible date of graduation and confirming enrollment in the preceptorship program with applicable dates, sent directly from the college to our office.
- Letter of recommendation from the *Dean of Academic Affairs*, and one from the *Director of Clinics*, on their letterhead, sent directly from them to our office.
- Specialty coursework: Submit directly from the college, transcripts demonstrating course work in acupuncture and physiotherapy if your preceptor program will include either of these specialties

Chiropractic College: \_\_\_\_\_ Expected date of graduation: \_\_\_/\_\_\_/\_\_\_

Transcript of exam scores for Part I and II of the National Board of Chiropractic Examiners (NBCE) Transcripts must be submitted directly from NBCE.

### CERTIFICATE OF APPLICANT (EXTERN)

I, \_\_\_\_\_, the applicant herein, state and depose that all facts, statements and answers contained in this application are true and correct; I am not omitting any information which may be of value to the Board of Chiropractic Examiners in determining my qualifications, whether it is called for or not. I agree that any falsification, omission or withholding of information concerning my qualifications as an applicant shall be sufficient to bar me from participation in the Preceptorship Program and may serve as grounds to bar me from subsequent licensure or certification in Arizona, or may serve as grounds for revocation or suspension of my license and/or certifications in chiropractic such are discovered after the issuance of the license of certifications. Arizona Revised Statutes §32-900 et seq. I also waive any confidentiality and permit the Board access to any information, records, or documentation collected or used by the college to evaluate my eligibility for or performance in the program.

\_\_\_\_\_  
Applicant's (extern's) signature

State of \_\_\_\_\_

County \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Signature \_\_\_\_\_

My commission expires \_\_\_\_\_