



**STATE OF OKLAHOMA
BOARD OF CHIROPRACTIC EXAMINERS**

421 NW 13th Street, Suite 180
Oklahoma City, OK 73103
(p): 405/522.3400 (f): 866/245.2748
www.chiropracticboard.ok.gov

Application Fee: \$35
Make checks payable
to the Oklahoma
Chiropractic Board

Approved
 Disapproved

INTERN APPLICATION FOR PRECEPTORSHIP

Please complete form online then print

Full Name: (First, Middle, Last, Suffix)		Social Security Number:
Name of the Chiropractor you wish to intern with:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Maiden/Alias:	Date of Preceptorship Program:	E-mail address:
Date of Birth and Age:	Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Weight and Height:	Home Address:	
Hair Color:	City, State Zip	
Eye Color:	Home Number:	Cell:
Military: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes to Military Service, what branch and your discharge date:	
Chiropractic College Attending:	Graduation Date:	Years Attending:
Have you ever been convicted or pled nolo contendere to a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, you will need to provide the Board Office with all Court documentation.</i>		

Signature of Applicant and Date