

**MISSISSIPPI STATE BOARD OF CHIROPRACTIC EXAMINERS
P. O. DRAWER 775
LOUISVILLE, MS 39339**

Phone: 662.773.4478

Fax: 662.773.4433

This application must be submitted to the above address twenty (20) days before a Board Meeting. The Board meets the 4th Thursday of January, April, July, and October.

Preceptorship/Intern Application

Name of Preceptor Doctor: _____

Start Date: _____ End Date: _____

I, _____, _____ of _____
(Name) (SSN#) (Street or Box)

(City) (State) (Zip Code)

On this _____ day of _____, 20__ hereby apply for internship with the preceptorship program.

In compliance with said laws, rules and regulations, I hereby make under oath the following statements:

1. My age is _____ years; my birth date is _____, _____. My physical characteristics are: weight _____ lbs; height _____ ft. _____ in.; color of hair _____, color of eyes _____; male or female _____

2. Are you a citizen of the United States? _____

3. Were you in the military service? _____ Branch _____
Type of discharge _____

4. Which chiropractic college are you now attending? _____
Anticipated date of graduation _____

5. Have you ever been convicted of a felony? _____ If yes, give date, place where actions were taken and courts involved. (Attach all pertinent information).

6. General Education

	Years Attended	Graduation
Colleges _____	_____	_____
Chiropractic Colleges _____	_____	_____

7. Give dates of matriculation into chiropractic college: _____
8. Do you hold any other healing art licenses? _____
9. Do you claim to practice, or be qualified to practice any method or system or healing other than Chiropractic? _____
10. Do you promise to support and agree to abide by the laws of the state of Mississippi pertaining to the practice of preceptorship/intern program and such rules and regulations of the Board of Chiropractic Examiners, to conduct yourself ethically and honorably as intern; and to observe the health laws and regulations of the state of Mississippi? _____
11. I understand that any knowingly false statement(s) made in this application will subject me to rejection of application of cancellation of internship for using fraudulent information against the state of Mississippi.

All the above statements are true and correct to the best of my knowledge and belief.

STATE OF _____)
) ss. _____
 COUNTY OF _____) (Sign full name)

Before me personally appeared _____ of lawful age, to me known to be the identical person who signed the foregoing application, and being by me first dully sworn on oath states that all the foregoing statements are true and correct to the best of his knowledge and belief.

My commission expires _____, 20____ _____
 (Notary Public)

(Seal)

Certification by an official of the student's college that the student has satisfactorily completed the prerequisite portion, as determined by the college, of the curriculum at the college to qualify said student for participation as an intern in the program.

 Please print name and title Date

A money order, certified check, or cashier's check payable to the Mississippi Board of Chiropractic Examiners, in the amount of fifty (\$50) dollars, shall not be refundable under any circumstances.