



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Chiropractic Examiners

110 Centerview Dr. • Columbia • SC 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4587 • Contact.chiro@llr.sc.gov • Fax: 803-896-4719
llr.sc.gov/chiro

PRECEPTOR APPLICATION FORM

The chiropractor must have written approval from the chiropractic college to serve as a preceptor to a student. The chiropractic college must send confirmation directly to the Board that the student has met all academic requirements to graduate and that the chiropractor will serve as an adjunct faculty member. The approval letter may be emailed from the college or university to contact.chiro@llr.sc.gov or mailed to the address above.

CHIROPRACTOR PRECEPTOR INFORMATION

Chiropractor Name: _____ License No.: _____

Email: _____ Office Phone No.: _____

Location of Preceptorship (physical address): _____

Dates of Preceptorship: _____

CHIROPRACTIC STUDENT INFORMATION

Student Name: _____

Chiropractic College or University: _____

CHIROPRACTOR PRECEPTOR QUESTIONS

1. Have you been licensed to practice chiropractic in South Carolina for not less than five years? Yes No
2. Have you been publicly or privately sanctioned by a chiropractic licensure board in any state? Yes No
3. Have you violated state or federal rules or regulations including, but not limited to, those pertaining to the repayment of guaranteed federally funded student loans? Yes No

CHIROPRACTOR PRECEPTOR ACKNOWLEDGMENT

- I understand that the chiropractor preceptor must be within the immediate patient treatment area and available to the student at all times.
- I understand that I am responsible for the services provided to the client that are performed by the above-named student.
- I must ensure all services are in compliance with the SC Board of Chiropractic Examiners Practice Act and Regulations.
- I understand no charges for professional services may be made to any patient or to his insurance company for any work performed on the patient by the students or by the licensed chiropractor on the college staff while supervising the students, or by the licensed chiropractor in an office while supervising the students. However, the chiropractic college or the office of the licensed chiropractor may charge the patient for the actual costs and expenses it incurs for the use of its clinical property or facilities by the patient.
- I understand to continue to be a preceptor my license must be active and in good standing at all times.
- I understand I can only supervise no more than one chiropractic student at a time at a location other than the premises of the chiropractic college in which the student is enrolled.
- I have not knowingly violated state or federal rules or regulations including, but not limited to, those pertaining to the repayment of guaranteed federally funded student loans.

I have carefully read the questions within this application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct to the best of my knowledge and belief.

Signature of Chiropractor Preceptor

Date

Sworn and subscribed before me this ____ day of _____, 20____ .

Notary Signature: _____

(SEAL)

Print Notary Name: _____

Notary Public for the State of: _____

Commission Expiration Date: _____