



Ohio State Chiropractic Board
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108
Phone (614) 644-7032 • Fax (614) 752-2539
www.chirobd.ohio.gov
oscb.chirobd@chr.state.oh.us

\$75 Certified check or money order payable to:
Treasurer, State of Ohio

Or pay via VISA or MasterCard

VISA# _____

Mastercard# _____

Expiration Date _____

INTERN APPLICATION Preceptorship Training Program

Full Name: _____
First Middle Last Suffix

*Social Security Number: _____ Date of birth: _____ / _____ / _____
Day Month Year

*Pursuant to 42 U.S.C. § 1320a-7e(b), 5 U.S.C. § 552a, 45 C.F.R. pt.61, and Ohio Rev. Code § 2301.373(E) the Board is required to collect social security numbers for potential disclosure to the federal Healthcare Integrity and Protection Data Bank and/or the Local County Child Support Enforcement Agency. Social security numbers may also be provided to law enforcement authorities for investigative/law enforcement purposes.

Mailing Address: _____
Street

City State Zip Code

Telephone Number: (____) _____ Email Address: _____

Dates of Preceptorship: _____ to _____
Month/Day/Year Month/Day/Year

Preceptor Name: _____

Facility where Preceptorship will take place:

Name of Clinic: _____

Address: _____

Phone: _____ Fax: _____

Name of chiropractic educational institution you are attending: _____

Expected date of graduation: _____

Is this the only chiropractic institution you have attended? Yes No*

*If no, provide the following information on Form A: Name of the chiropractic institution, location, dates attended and reason for leaving.

Which of the following parts of the National Board of Chiropractic Examiners have you taken?

- | | |
|---|--|
| <input type="checkbox"/> Chiropractic College Assessment Test | <input type="checkbox"/> Part IV |
| <input type="checkbox"/> Part I | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Part II | <input type="checkbox"/> Acupuncture |
| <input type="checkbox"/> Part III | |
| <input type="checkbox"/> Ethics and Boundaries - indicate reason for taking: _____ | |
| <input type="checkbox"/> Special Purposes Examination for Chiropractic- indicate reason for taking: _____ | |
-

1. Have you ever been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled or requested to resign in lieu of discipline from any college, institution or university, or otherwise subject to discipline by any such institution or requested or advised by any such institution to discontinue your studies therein? Yes* No
 *If yes, provide the following information on Form A: Name of the institution, date of the action or incident, and an explanation of the circumstances surrounding the action or incident.
-

2. Do you now, or have you ever held any other type of professional license in any jurisdiction? This includes temporary, trainee, or apprenticeship licenses or permits. Yes* No
 *If yes, provide the following information on Form A: State, date issued, license no., type of license, and status of license.
-

3. Have any of the aforementioned professional licenses or permits ever been limited, censured, forfeited, voluntarily or involuntarily surrendered, put on probation, reprimanded, revoked, suspended, allowed to lapse, or disciplined for any reason? Yes* No
 *If yes, provide the following information on Form A: Action taken and reason for action.
-

4. Have you ever been a member of the Armed Forces of the United States, its Reserve components or the National Guard? Yes* No
 *If yes, complete Form 5
-

5. Have you ever pled guilty, no contest, nolo contendere, or been found guilty for any violation of any law (except minor traffic) in any jurisdiction? Yes* No
 *If yes, complete Form 1

If you are unsure what does and does not constitute a minor traffic violation, consult with legal counsel. Driving under the influence violations are not minor traffic violations and must be reported.

6. Have you ever been pardoned from a criminal conviction? Yes* No
 *If yes, please provide an explanation on Form 1
-

7. Have you ever had a record expunged from a criminal conviction? Yes* No
 *If yes, please provide an explanation on Form 1
-

8. List all driver's licenses you have held:

State _____ State _____ State _____

9. Have you ever had a driver's license cancelled, suspended, or revoked? Yes* No
 *If yes, provide the following details on Form A: State, effective date(s), explanation of circumstances.
-

Applicant Name: _____

Date: _____

10. Do you have a current, pending or unresolved complaint filed against you in any administrative, civil, or criminal forum? Yes* No
*If yes, complete applicable Form 1 and/or 2

11. Have you ever filed a petition for bankruptcy? Yes* No
*If yes, complete Form 6

12. Are you currently in default on any student loan? Yes* No
*If yes, provide the following on Form A: Name of entity that extended credit and current status of debt.

13. Are you delinquent in complying with a child support order? Yes* No
*If yes, provide the following details on Form A: Jurisdiction and explanation of circumstances.

14. Have you ever forfeited collateral, bail, or bond for breach or violation of any law, police regulation, or ordinance? Yes* No
*If yes, provide an explanation of circumstances on Form 1

15. Within the past ten years, have you been diagnosed with or have you been treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder? Yes* No
*If yes, complete Forms 3 and 4

16. Have you ever been diagnosed with or have you been treated for pedophilia, exhibitionism, or voyeurism? Yes* No
*If yes, complete Forms 3 and 4

17. Do you currently have any condition or impairment, including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition, which in any way currently affects, or, if untreated, could affect your ability to practice chiropractic in a competent, safe and skillful manner? Yes* No
*If yes, complete Forms 3 and 4

18. If your answer to Question 17 is yes, are the limitations or impairments caused by your mental health condition or substance abuse problem reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring program? Yes* No
*If yes, provide an explanation on Form 4

19. Within the past ten years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization, or licensing authority? Yes* No
*If yes provide the following on Form A: Name and entity before which the issue was raised (i.e., court, agency, etc.) street address, city, state, zip code, telephone number, name of proceeding, and an explanation of the circumstances.

Applicant Name: _____

Date: _____

Affidavit and Authorization for Release of Information

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are true and accurate in every aspect.

I acknowledge that I have read and understand the Intern Application and have answered all questions contained in the application and associated forms truthfully and completely. I further acknowledge that failure on my part to provide the information requested and/or to answer the questions truthfully and completely may lead to denial of my application.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records and/or other information pertaining to me furnish to the Board any such information, including documents and records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other/or information in connection with this application.

I hereby release, discharge and exonerate the Board, its agents or representatives and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of an investigation made by the Board.

I shall immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application and associated forms if such a change occurs at any time prior to a license to practice chiropractic is granted to me by the Board.

I understand that my failure to answer all questions contained in this application truthfully and completely may lead to denial of my application or disciplinary action against me. I attest that all answers, information, and statements I have provided are true and accurate to the best of my knowledge.

Signature of Applicant (must be signed in the presence of a notary public) Date

NOTARY

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____ 20_____

My commission expires: _____

Dated _____ Signed _____

Notary Seal

Applicant Name: _____

Date: _____



State of Ohio
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DEAN'S ATTESTMENT & LETTER OF RECOMMENDATION

I attest and certify that _____ is clinically
(student's name)
proficient, in good academic standing, and is in the last semester, trimester or quarter of his/her education and has met all requirements for graduation from this chiropractic educational institution except for the completion of the preceptorship period. I attest that this student is of good moral character and I know of no reason why he/she should not be permitted to participate in the preceptorship training program in the state of Ohio.

I further certify that _____, D.C. is an approved preceptor
(preceptor's name)
for, and is a member of, the faculty or extension faculty of this chiropractic educational institution.

Comments: _____

I hereby certify, by penalty or perjury, that the foregoing is true and correct.

Dean's Signature Date

Typed or printed name and title

College Seal

College Name

This form is to be completed by the Dean and submitted directly to the Board. Forms are accepted via facsimile, email, or US Mail.



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**LETTER OF RECOMMENDATION FOR PARTICIPATION IN THE
PRECEPTORSHIP TRAINING PROGRAM**

I do swear that I personally know _____ to be
(student's name)
of good moral character and attest to his/her clinical proficiency. I know of no reason why
he/she should not be permitted to participate in the preceptorship training program in the state of
Ohio. I further attest that I am not related to the above individual by blood or marriage.

Name: _____

Title: _____

College Name: _____

Phone: _____ Email: _____

Comments:

Signature: _____ Date: _____

**This form is to be completed by the professor and submitted directly to the Board. Forms are accepted via
facsimile, email, or US Mail.**