Palmer College of Chiropractic, West Campus
90 East Tasman, San Jose, CA 95134
Phone (408) 944-6036
Fax (408) 944-6093

FIELD TRAINING PROGRAM

APPOINTMENT OF CERTIFICATE HOLDER

Insurance Company: _____

Company Address: _____

_____

Policy Number: _____

Insurance Telephone #: _____

Insurance Fax #: _____

Name of Insured: _____

Insured Address: _____

_____

My signature and date on this form authorizes my professional liability insurance carrier to appoint as Certificate Holder the Director of the Preceptorship of Palmer College of Chiropractic West.

Certificate Holder:

Dr. Greg Snow, D.C.
Director
Preceptorship Programs
Palmer College of Chiropractic, West Campus
90 East Tasman Drive, San Jose, CA 95134-1617

_____ _____
Signature of Insured Date