Palmer College of Chiropractic's West Campus
90 East Tasman, San Jose, CA 95134
Phone (408) 944-6036
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POSTGRADUATE PRECEPTOR PROGRAM PC521

Verification of Completion

The Intern is responsible to have this form completed prior to being authorized to participate in the Preceptor program. This form will be sent to the State Board to verify that the Intern and the field doctor are properly participating in the program.

Please have this form signed by the appropriate office and submit it to the Director of the Preceptor program.

Intern's Name _____ Date _____

Present Street Address _____

Tele # (_____)_____ Fax # (_____)_____

Graduate of _____ Date _____

Doctor's Name _____

Office Address _____

Tele # (_____)_____ Fax # (_____)_____

Intern:
I have registered, submitted all required forms and fees to participate in this Preceptor Program.

Intern Signature: _____ Date _____

Doctor:
I have submitted all required fees and forms, including current and valid Chiropractic License, Malpractice policy and X-ray certificate, to participate in this Preceptor Program.

Doctor Signature _____ Date _____

OFFICIAL USE ONLY:
Registrars office:
The above named Intern has registered for course # PC 521. This is the (circle one) 1 2 3 4 time.

Registrars Signature _____ Date _____

Business office:
The above named Intern has paid for course # PC 521. $ 225.00 Yes _____ No _____

Business Office Signature (or fund recipient) _____ Date _____

Director of Preceptor Program:
The above Intern and doctor have all required forms completed and on file. The doctor has provided their current and valid, Chiropractic License, Malpractice Policy and X-ray certificate.

Both the Intern and doctor are able to participate in the Preceptor Program for one quarter. In order to continue this program for up to 4 consecutive quarters, a new and updated "Verification of Completion" form will be required. If a new form is not submitted prior to the next quarter, both the Intern and the doctor voluntarily withdraw from the Preceptor Program.

Director of Preceptor Program Signature _____ Date _____