

NEW MEXICO BOARD OF CHIROPRACTIC EXAMINERS AFFIDAVIT FOR PRECEPTORSHIP SUPERVISING DOCTOR

Name of Doctor of Chiropractic: _____

Doctor of Chiropractic License# _____

I _____ (Print your name), a New Mexico licensed Doctor of Chiropractic, License Number _____, will abide by the rules set forth in 16.4.17 NMAC.

I am requesting to be the supervising doctor of _____ (Print intern name), a Chiropractic student intern from _____, (Print interns school name), who is anticipated to graduate on _____.

The period of preceptorship will start on _____ and will end on _____, the preceptorship will occur at _____ (Address of Clinic).

SIGNED: _____

DATE: _____

RETURN COMPLETED AFFIDAVIT TO:
NEW MEXICO BOARD OF CHIROPRACTIC EXAMINERS
P.O. BOX 25101 SANTA FE, NM 87504