

**MONTANA BOARD OF CHIROPRACTORS  
PO BOX 200513  
(301 S PARK, 4TH FLOOR - Delivery)  
HELENA, MONTANA 59620-0513  
PHONE: (406) 444-5711**

**EMAIL: [UnitB@mt.gov](mailto:UnitB@mt.gov) WEBSITE: [www.chiropractor.mt.gov](http://www.chiropractor.mt.gov)**

**REGISTRATION OF CHIROPRACTIC INTERN AND PRECEPTOR**

**Preceptor Information:**

Preceptor Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Practice Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Intern Information:**

Name: \_\_\_\_\_

Contact Phone \_\_\_\_\_

Email \_\_\_\_\_

Approximate Internship Period \_\_\_\_\_

**PRECEPTOR DECLARATION**

I hereby declare under penalty of perjury the information included in this registration to be true and complete to the best of my knowledge. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Signature of Preceptor: \_\_\_\_\_ Date: \_\_\_\_\_