

Montana Board of Chiropractors
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dlibsdhhelp@mt.gov
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Registration of Chiropractic Intern and Preceptor Relationship

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: _____