



NWCC Postgraduate Preceptorship Program: *Graduate Doctor Application*

Complete and return this *Postgraduate Preceptorship Program: Graduate Doctor Application* along with a résumé/curriculum vitae and a non-refundable application fee of \$100.00 US dollars to the Dept. of Clinical Education Office, Northwestern College of Chiropractic, 2501 West Eighty-Fourth Street, Bloomington, MN 55431-1599; Phone 952-885-5426/Fax: 952-886-7593. All official college transcripts must be sent from the respective schools directly to the Dept. of Clinical Education office.

Please type or print. All questions must be answered.

GENERAL INFORMATION

Date _____ Application Term _____

Social Security number _____ Birth date _____

Applicant's Full Legal Name _____
Last First Middle

Current Mailing Address _____
Street

City State Zip

Telephone () ()
Day Evening

Permanent Mailing Address _____
Street

City State Zip

Telephone () ()
Day Evening

Are you a United States citizen? Yes ___ No ___ If no, please specify

- 1. Country of Birth _____
- 2. Country of Citizenship _____
- 3. Birth Date (for immigration purposes) _____
- 4. If you are a permanent resident, please include a front and back copy of your green card.

Have you ever been convicted of a felony? Yes ___ No ___

If yes, please explain: _____

EDUCATIONAL BACKGROUND

- 1. High School _____
Location _____
Graduation Date _____
- 2. College _____
Location _____ Dates attended _____
Degree Earned _____ Major _____
- 3. College _____
Location _____ Dates attended _____
Degree Earned _____ Major _____
- 4. College _____
Location _____ Dates attended _____
Degree Earned _____ Major _____

(Please have high school and all colleges send official transcripts directly to the Clinic Affairs Office)

List any professional licenses or certificates you have received:

List any honors, awards, or special recognitions you have received:

REFERENCES

Please list below the names and addresses of three references whom you have known for at least six months. References from professors and chiropractors are preferred. Relatives are not accepted as references.

1. _____
 Name _____ Occupation _____

 Business Address _____

 City _____ State _____ Zip _____
 () _____
 Business Telephone _____

2. _____
 Name _____ Occupation _____

 Business Address _____

 City _____ State _____ Zip _____
 () _____
 Business Telephone _____

3. _____
 Name _____ Occupation _____

 Business Address _____

 City _____ State _____ Zip _____
 () _____
 Business Telephone _____

PRECEPTOR INFORMATION

Postgraduate Preceptor's Name _____

Preceptor's Address _____
 Street _____

 City _____ State _____ Zip _____

Telephone Number () _____

Office use only:	
Application received _____	State Approval _____
Postgraduate Preceptor _____	Appointment Letter _____
State Board Notified _____	Contract _____