



State of Ohio
Ohio State Chiropractic Board

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**LETTER OF RECOMMENDATION FOR PARTICIPATION IN THE
PRECEPTORSHIP TRAINING PROGRAM**

I do swear that I personally know _____ to be of good moral character and attest to his/her clinical proficiency. I know of no reason why he/she should not be permitted to participate in the preceptorship training program in the state of Ohio. I further attest that I am not related to the above individual by blood or marriage.

Name: _____

Title: _____

College Name: _____

Phone: _____ Email: _____

Comments:

Signature: _____ Date: _____

***This form is to be completed by the Dean and submitted directly to the Board. Forms are accepted via facsimile, email, or US Mail.**