



State of Ohio
Ohio State Chiropractic Board

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DEAN'S LETTER OF RECOMMENDATION & CERTIFICATION

I certify _____ to be of good moral character and attest to his/her clinical proficiency. I certify that he/she is in the last semester, trimester or quarter of his/her education and have met all requirements for graduation from this chiropractic educational institution except for the completion of the preceptorship period. 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 certify that _____, D.C. is an approved preceptor for and is a member of the faculty or extension faculty of this chiropractic educational institution.

COMMENTS: _____

I hereby certify, by penalty or perjury, that the foregoing is true and correct.

Dean's Signature Date

Typed or printed name and title

College Seal

College Name

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