



**NEW BRUNSWICK  
CHIROPRACTORS'  
ASSOCIATION**

**FORM 1  
APPLICATION FOR REGISTRATION  
Under Section 17 of the Act**

This Form must be completed and filed with the Chair of the Admissions Committee. Please print legibly.

1. Full Name \_\_\_\_\_

2. Home Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax. \_\_\_\_\_ E-Mail \_\_\_\_\_

3. Office Address (if known) \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax. \_\_\_\_\_ E-Mail \_\_\_\_\_

4. (a) Are you a Canadian citizen?

Yes \_\_\_\_ No \_\_\_\_ (see "d" below)

(b) Date of Birth \_\_\_\_\_

(c) Place of Birth \_\_\_\_\_

*Provide proof of Canadian citizenship*

(d) If you are not a Canadian citizen, are you lawfully entitled to be employed in Canada?

Yes \_\_\_\_ No \_\_\_\_

*If "no", give full details on a separate sheet.*

*If "yes", provide proof such as a valid work permit.*

- 5. List all schools, colleges, and universities which you have attended, their location, dates of attendance and degrees and date granted.

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*Please provide official transcripts for all chiropractic institutions.*

- 6. Have you successfully completed the Canadian Chiropractic Examining Board (CCEB) examinations?  
Yes \_\_\_\_\_ No \_\_\_\_\_

*Please provide official transcripts or equivalent documentation from the CCEB.*

- 7. Do you intend to use acupuncture in your practice?  
Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please provide proof of successful completion of at least 200 hrs of training in a recognized program.*

- 8. Were you ever suspended or expelled from any school, college, university?  
Yes \_\_\_\_\_ No \_\_\_\_\_

- 9. Has disciplinary action ever been instituted against you?  
Yes \_\_\_\_\_ No \_\_\_\_\_

*If you answered "yes" to 8 or 9, provide full details on a separate sheet.*

- 10. List all employment, whether for compensation or not, and whether temporary or permanent, in which you have been engaged during attendance at college or university, or since leaving college or university. State employer's name, address and dates of employment.

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

11. (1) Have you:

(a) been convicted of any criminal or quasi-criminal offence under the laws of any jurisdiction?

Yes \_\_\_\_\_ No \_\_\_\_\_

(b) been a defendant in a civil action relating to fraud or any form of dishonesty?

Yes \_\_\_\_\_ No \_\_\_\_\_

(c) been petitioned in bankruptcy or made a voluntary proposal or assignment into bankruptcy?

Yes \_\_\_\_\_ No \_\_\_\_\_

(d) been suspended, disqualified, censored, or had disciplinary action taken against you as a member of any profession or organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

(e) been denied or had revoked any license or permit, the procurement of which required proof of good character?

Yes \_\_\_\_\_ No \_\_\_\_\_

(f) had an order of committal made against you?

Yes \_\_\_\_\_ No \_\_\_\_\_

(g) not obeyed an order of any court requiring you to do or abstain from doing any act?

Yes \_\_\_\_ No \_\_\_\_

(h) had any malpractice actions against you or are any pending?

Yes \_\_\_\_ No \_\_\_\_

*Please provide a completed RCMP criminal check.*

(2) Is there to your knowledge or belief any event, circumstance, condition or matter not disclosed in your reply to the preceding questions that touches or may concern your conduct, character and reputation and that you know or believe might be thought to be an impediment to your registration?

Yes \_\_\_\_ No \_\_\_\_

*If you answered "yes" to any part of question 11, provide particulars on a separate sheet.*

12. Provide the names of two individuals as references and have them send letters of reference. References may not be family members.

Name \_\_\_\_\_

Address and Telephone \_\_\_\_\_

Occupation \_\_\_\_\_

Name \_\_\_\_\_

Address and Telephone \_\_\_\_\_

Occupation \_\_\_\_\_

13. What techniques do you use or intend to use in your practice, and what equipment (ie., x-ray, modalities) do you intend to use?

Please provide details.

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Declaration of Applicant

I, \_\_\_\_\_, the Applicant DO SOLEMNLY DECLARE that the information contained in this Application is complete and true, and that I know of no reason why I should not be registered as a member of the New Brunswick Chiropractors' Association, AND, I make this solemn declaration conscientiously believing as if to be true and knowing that it is of the same force and effect as if made under oath, and by virtue the EVIDENCE ACT, R.S.N.B. 1973, c.E-11. I understand that knowingly making a false statement nullifies this and future applications.

DECLARED BEFORE ME at )  
the \_\_\_\_\_ of \_\_\_\_\_ )  
in the province/territory of \_\_\_\_\_ )  
\_\_\_\_\_ )  
this \_\_\_\_\_ day of \_\_\_\_\_ )  
20\_\_\_\_. )  
)  
)  
)  
\_\_\_\_\_ )

A Commisioner of Oaths

\_\_\_\_\_  
Applicant

OR

A Notary Public in and for the  
province of \_\_\_\_\_

(State commission details or affix notaril seal)