



Becoming a Chiropractor in New Brunswick **Former Member Application**

The following requirements/documents must be submitted to the New Brunswick Chiropractors Association (NBCA) before your application is considered complete.

Application requirements the applicant must provide:

1 <input type="checkbox"/>	Application form	Complete Application Form 4, sign and have stamped by a Notary Public or Commissioner for Oaths. Please note: the original Declaration of Applicant document must be sent.
2 <input type="checkbox"/>	\$250 non-refundable application fee	Please choose one of the following payment methods: <ul style="list-style-type: none">• Visa/Mastercard: LINK• Cheque, bank draft or money order via mail.
3 <input type="checkbox"/>	Criminal Record Check	Please note: Criminal Record Checks are only valid for 90 days from the issue date. Original document must be sent.
4 <input type="checkbox"/>	Proof of citizenship or work permit	Proof of citizenship or evidence of lawful admission to Canada, demonstrating your entitlement to work in Canada. For example: <ul style="list-style-type: none">• Copy of passport or birth certificate• Copy of Canadian work visa if you are not a Canadian citizen
5 <input type="checkbox"/>	Valid CPR/First Aid	Proof of current First Aid & CPR

Application requirements that must come from a third party:

6 <input type="checkbox"/>	Canadian Chiropractic Examining Board (CCEB) results	Please request that the CCEB forward your exam results directly to the NBCA. Have they been requested? Yes <input type="checkbox"/> No <input type="checkbox"/>
7 <input type="checkbox"/>	Proof of Education	Please provide proof of education including diplomas and any special certifications (ex. acupuncture).
8 <input type="checkbox"/>	Letters of Good Standing	Letter of good standing from the governing body of every chiropractic association, college or equivalent professional organization under which you have practised chiropractic since ceasing to be a member

Mail your completed application and additional requirements to:

***New Brunswick Chiropractors Association
PO Box 3121, Fredericton PO B, NB E3A 5G5***



Step 2- Registration Process

Once the requirements of the Application Process have been met and all documents have been received by the NBCA you will receive an email confirmation outlining Step 2 the Registration Process.

The Registration Process includes completing a Registration Form, NBCA Jurisprudence Exam, and Membership Fees invoice, assignment of a temporary permit/license number so you may secure Personal Liability Protection (PLP) and finally assignment your official Permit. The Process will be explained in more detail at that time.

To obtain a practice permit with the NBCA, the registration process must be completed within 60 days. After this period, the application will be closed, and fees paid are non-refundable. Any new registration initiated will be treated as a new application.

Please contact the NBCA Registrar and CEO Dr. Kelsey Nissen, knissen@nbchiropractic.ca with questions or concerns.



NBCA APPLICATION FORMER MEMBER

Applicant information

Desired Start date:

Have you previously been registered with the province of New Brunswick. Yes ☐ No ☐

If so, when?

Addresses since ceasing to be a member:

Current

Name: DOB:

Address: City:

Province/State: Postal Code:

E-mail: Name: Phone:

Other

Name: DOB:

Address: City:

Province/State: Postal Code:

E-mail: Name: Phone:

Occupations since ceasing to be a member:

Occupation Title: Employer:

Address: City:

Province/State: Postal Code:

Contact Name: Phone:



Occupation Title: Employer:
Address: City:
Province/State: Postal Code:
Contact Name: Phone:

Do you currently have a Professional Chiropractic Corporation registered in New Brunswick?

Yes ☐ No ☐

Do you plan to have a Professional Corporation registered in the Province of New Brunswick?

Yes ☐ No ☐

If so, please contact CEO/Registrar Dr. Kelsey Nissen, knissen@nbchiropractic.ca prior to applying.

Primary Clinic/Practice Address in NB, if known:

Name:
Address: City:
Province/State: Postal Code:

Secondary Clinic/Practice Address in NB, if applicable:

Name:
Address: City:
Province/State: Postal Code:

Are you legally eligible to work in Canada? Yes ☐ No ☐

*If no, provide details on a separate sheet.

* If yes, Provide proof of citizenship/that you have been lawfully admitted to and are entitled to work in Canada.



Chiropractic educational background

Chiropractic college attended:

Grad Year:

Have you successfully completed the Canadian Chiropractic Examining Board (CCEB) examinations?
Yes ☐ No ☐

** Provide official transcripts or equivalent documentation from the CCEB.*

Undergraduate educational background

College attended:

Grad Year:

Area of Concentration:

College attended:

Grad Year:

Area of Concentration:

Acupuncture certification

Will you be providing needle acupuncture?

Yes ☐ No ☐

** If yes, provide a copy of your certificate of completion of at least 200 hours in a recognized training program.*

Professional Social Media Accounts

The NBCA requires the provision of professional social media account information. If you identify as a chiropractor on personal social media accounts and/ or they are used to promote chiropractic, those accounts are considered professional and must be disclosed.

Account	Username or URL
Facebook	
Instagram	
X	



Website	
YouTube	

Discipline/Criminal History

Have you ever been disciplined by a chiropractic association or a licensing body, or are you currently undergoing an investigation, alternative complaint resolution process, hearing or appeal related to unprofessional conduct?

Yes ☐ No ☐

Has any complaint, investigation or disciplinary action has been taken against you in relation to the practice of chiropractic since ceasing to be a member?

Yes ☐ No ☐

Have you ever pleaded guilty to or been found guilty of a criminal offence for which you have not been pardoned?

Yes ☐ No ☐

Do you have any current outstanding criminal charges against you?

Yes ☐ No ☐

*** If yes to any of the above, please contact CEO/Registrar Dr. Kelsey Nissen,
knissen@nbchiropractic.ca**



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 knowing that it is of the same force and effect as if made under oath, and by the virtue the Evidence Act, R.S.N.B. 1973, c.E-11. I understand that knowingly making a false statement nullified this and future applications.

DECLARED BEFORE ME at the city/town of

_____ in the province/territory of

this _____ day of _____

20____.

A Commissioner of Oaths

or

A Notary Public in and for the province/State of

Applicant Signature