



## Becoming a Chiropractor in New Brunswick – International Application

### Step 1- Application Checklist

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 forms	Complete Application Form 3, sign and have stamped by a Notary Public or Commissioner for Oaths. (Original must be sent)
2 <input type="checkbox"/>	\$250 non-refundable application fee	There are two ways you can pay this fee: <ul style="list-style-type: none"> <li>• Visa/Mastercard – once we receive your application, an online profile will be created for you on our member website. Login instructions will be emailed to you. You can then pay fees online.</li> <li>• Cheque, bank draft or money order.</li> </ul>
3 <input type="checkbox"/>	Criminal Record Check	<ul style="list-style-type: none"> <li>• Be mindful that Criminal Record Checks are only valid for 90 days from the date of issue. (Original must be sent)</li> </ul>
4 <input type="checkbox"/>	Proof of citizenship or work permit	Proof of citizenship, or that you have been lawfully admitted to Canada and are entitled to work in Canada. For example: <ul style="list-style-type: none"> <li>• copy of passport or birth certificate</li> <li>• copy of Canadian work visa if you are not a Canadian citizen.</li> </ul>

Application requirements that must come from a third party:		
5 <input type="checkbox"/>	Canadian Chiropractic Examining Board (CCEB) results	CCEB exam results are valid for one year from the date the certificate is issued. <ul style="list-style-type: none"> <li>• You will need to request that the CCEB forward your exam results directly to the NBCA.</li> </ul> Have they been requested? <input type="checkbox"/> Yes <input type="checkbox"/> No
6 <input type="checkbox"/>	Educational Qualifications	Please provide proof of education including diploma, and/or special certifications (i.e., acupuncture)  Proof of Valid certification of First aid and CPR
7 <input type="checkbox"/>	Good Standing	Please provide a letter of good standing from the last jurisdiction in which you practised. Including confirmation of at least 2 years practice.

Mail your completed application and additional requirements to:

New Brunswick Chiropractors Association  
63 Bridge St. Fredericton NB E3A 4L4



## Step 2- Registration Process

Once the requirements listed in Step 1 have been met and all documents received by the NBCA office:

1. You will receive an email confirmation within five business days and we will begin the process of licensure.
2. Upon receipt of all requirements and fees, we will email you an open book registration exam. To be completed and returned electronically to the NBCA office.
3. Upon successful completion of the exam, you must secure professional liability protection with the CCPA or equivalent.
  - Members must hold at least \$5 million per claim, and \$5 million aggregate amount per year on their policies.
  - Professional liability protection must be secured before a practice permit is issued.
4. After we receive proof of professional liability protection, the NBCA office generally requires five to ten business days to activate your practice permit and provide you additional NBCA information.

You are not authorized to practice in the Province of New Brunswick until your permit has been provided to you.

You have three months to complete your registration for a practice permit with the NBCA. If you have not completed all steps to have your practice permit activated, your application will be closed and none of the fees paid will be returned. The NBCA will not retain any documentation associated with a closed application. Should you want to register after your application has been closed, you will need to initiate a new application.

Questions?

If you have questions regarding the application and registration process, contact the NBCA office at 506-455-6800



## NBCA Membership Application - International (FORM 3)

The following form may be filled out electronically but must then be printed off with the Statutory Declaration containing your written signature and that of a Commissioner of Oaths or Notary Public.

### **Applicant information**

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

### ***Mailing Address if different from above:***

Address:  City:   
Province/State:  Postal Code:

Date of Birth   
Phone number   
Email:

Are you legally eligible to work in Canada?  Yes  No

\* If No provide details in a separate sheet.

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

### **Educational background**

List chronologically all schools, colleges and universities which you have attended, location, dates of attendance, degree granted, and date granted.

Name of educational institution attended:   
Location:  Dates Attended:   
Degree Granted:  Date Granted:

Name of educational institution attended:   
Location:  Dates Attended:   
Degree Granted:  Date Granted:

Name of educational institution attended:



Location:  Dates Attended:   
Degree Granted:  Date Granted:

Name of educational attended:   
Location:  Dates Attended:   
Degree Granted:  Date Granted:

\* Please provide official transcripts for all chiropractic institutions.

### **Association History**

List chronologically all chiropractic associations of which you are currently or were previously a member and the date of first registration.

Name of chiropractic association:   
Date of Registration:

Name of chiropractic association:   
Date of Registration:

### **Employment History**

State your complete employment history since your first registration in any and all jurisdictions. Include names of employers, addresses, periods employed, and nature of your practice.

Employer Name:  Dates of Employment:   
Address:   
Nature of practice:

Employer Name:  Dates of Employment:   
Address:   
Nature of practice:

Employer Name:  Dates of Employment:   
Address:   
Nature of practice:

Employer Name:  Dates of Employment:   
Address:   
Nature of practice:

### **Professional Social Media Accounts**



The NBCA requires that you provide your professional social media account information. If you use your personal social media accounts to promote chiropractic, or to identify yourself as a chiropractor, then your personal social media accounts are considered professional accounts and must be identified.

Account	Username or URL
<input type="checkbox"/> Facebook	<input type="text"/>
<input type="checkbox"/> Instagram	<input type="text"/>
<input type="checkbox"/> Twitter	<input type="text"/>
<input type="checkbox"/> LinkedIn	<input type="text"/>
<input type="checkbox"/> YouTube	<input type="text"/>

### **Discipline 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?

If yes, provide details (e.g., location, charge(s), outcome(s)). Click or tap here to enter text.

No  Yes

### **Criminal and Civil History**

Have you ever been refused registration as a chiropractor, been disciplined or struck from membership in any professional organization?

No  Yes

Have you ever resigned or plied to resign from a chiropractic association or other governing body, for any reason?

No  Yes

Have you ever been the subject of any charge or complaint against you in your professional capacity?

No  Yes

Have you ever resigned or plied to resign from a chiropractic association or other governing body, for any reason?

No  Yes

Have you ever been the subject of an insurance claim under a policy of professional liability insurance?

No  Yes

Have you ever been convicted of a criminal or quasi-criminal offence under the laws of any jurisdiction?

No  Yes

Have you ever been a defendant in a civil action relating to fraud or any form of dishonesty?

No  Yes

Have you ever petitioned into bankruptcy or a made voluntary proposal or assignment into bankruptcy?

No  Yes

Have you ever had revoked any licence or permit, the procurement of which required

No  Yes



proof of good character?

Have you ever had an order of committal made against you?

No  Yes

Have you ever not obeyed and order of any court requiring you to do or abstain from doing any act?

No  Yes

If yes, please provide details/documentation:

\*Please provide a completed RCMP criminal check.

### **Personal Suitability**

Is there, to your knowledge or belief, any event, circumstance, condition or matter not disclosed in your replies to the proceeding questions that touches or may concern your conduct, character and reputation that you know or believe might be an impediment to your registration? Yes:  No:

If Yes, please explain:

Please provide the names and contact information from one academic reference and one personal reference.

Academic Reference

Personal Reference

### **Professional Activities**

If registered in New Brunswick, do you intend to commence practicing here?

No  Yes

If so, please indicate the anticipated date and employer information.

Date:

Employer name:

Employer Address:

Employer Phone:

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

Have you obtained liability insurance?

No  Yes

\*If so, provide proof of coverage with this application.



## Statutory declaration

### 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  
this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_.

\_\_\_\_\_  
A Commissioner of Oaths

or

\_\_\_\_\_  
A Notary Public

\_\_\_\_\_  
Applicant Signature

(Commission details or affix notarial seal)