



FORM 1
APPLICATION FOR REGISTRATION

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

1. Full Name _____

2. Home Address _____

3. Telephone _____ Cell _____

4. Email _____

5. Office Address _____

6. Telephone _____ Fax _____

7. (a) Are you a Canadian citizen? Yes _____
Provide proof of Canadian citizenship. No _____

(b) Date of Birth _____

(c) Place of Birth _____

(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.

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

Please provide official transcripts for all chiropractic institutions.

9. Have you successfully completed the Canadian Chiropractic Examining Board (CCEB) examinations?

Yes _____ No _____

Please provide official transcripts or equivalent documentation from the CCEB.

10. Do you intend to use acupuncture in your practice?

Yes _____ No _____

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

11. Were you ever suspended or expelled from any school, college or university?

Yes _____ No _____

12. 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.

13. 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 _____

14. (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.

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

Name _____

Address and Telephone _____

Occupation _____

Name _____

Address and Telephone _____

Occupation _____

16. What techniques do you use or intend to use in your practice, and what equipment (i.e. X-ray, modalities) do you intend to use?

Please provide details.

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 virtue the Evidence Act, R.S.N.B. 1973, c.E-11. I understand that knowingly make 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

Applicant

or

A Notary Public in and for the province of _____

(State commission details or affix notarial seal)