



## ***Becoming a Chiropractor in New Brunswick*** **New Graduate Step 1- 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"/>	<b>Application form</b>	Complete Application Form 1, sign and have stamped by a Notary Public or Commissioner for Oaths. (Original must be sent)
2 <input type="checkbox"/>	<b>\$250 non-refundable application fee</b>	There are two ways you can pay this fee: <ul style="list-style-type: none"><li>• Visa/Mastercard at the following link <a href="#">APPLICATION FEE</a></li><li>• Cheque, bank draft or money order via mail.</li></ul>
3 <input type="checkbox"/>	<b>Criminal Record Check</b>	<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"/>	<b>Proof of citizenship or work permit</b>	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>
5 <input type="checkbox"/>	<b>Valid CPR/First Aid</b>	Proof of current First Aid & CPR

Application requirements that must come from a third party:		
5 <input type="checkbox"/>	<b>Canadian Chiropractic Examining Board (CCEB) results</b>	CCEB exam results are valid for <b>one year</b> 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> <p>Have they been requested? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
6 <input type="checkbox"/>	<b>Doctor of Chiropractic transcript</b>	An official copy must be forwarded directly to the NBCA from an accredited chiropractic college. <ul style="list-style-type: none"><li>• Fax/email/photocopies are not accepted.</li><li>• Has your official transcript been requested? Yes <input type="checkbox"/> No <input type="checkbox"/></li></ul>

**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 office you will receive an email confirmation outlining Step 2 the Registration Process requirements.

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.

Note: You have 60 days 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 Registrar and CEO Dr. Kelsey Nissen, [knissen@nbchiropractic.ca](mailto:knissen@nbchiropractic.ca).



# NBCA APPLICATION

## New Graduate

### **Applicant information**

Desired Start date:

Name:  DOB:

Address:  City:

Province/State:  Postal Code:

E-mail: Name:  Phone:

### **Clinic/Practice Address in NB if known:**

Name:

Address:  City:

Province/State:  Postal Code:

### **2nd Clinic if applicable**

Name:

Address:  City:

Province/State:  Postal Code:



## **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 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
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 ☐

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](mailto: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