



**NEW BRUNSWICK
CHIROPRACTORS'
ASSOCIATION**

**FORM 2
APPLICATION FOR REGISTRATION OF
A PERSON REGISTERED IN ANOTHER
CANADIAN PROVINCE OR TERRITORY**

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

1. Full Name _____

2. Present Address _____

Telephone _____ Cell Phone _____

Fax. _____ E-Mail _____

3. (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.

4. 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.

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

Provide certificates of Good Standing from each chiropractic association/college of which you are currently a member.

6. State your complete employment history since the date of your first registration as a chiropractor in Canada or another jurisdiction. Include names of employer, addresses, periods employed and the nature of your practice.

Include details on a separate sheet if necessary.

7. (1) Have you:

- (a) ever been refused registration as a chiropractor or been disciplined by or been struck from membership in any professional organization?

Yes _____ No _____

- (b) ever resigned or applied to resign from a chiropractic association or other governing body for any reason?

Yes _____ No _____

- (c) ever been the subject of any charge or complaint against you in your professional capacity?

Yes _____ No _____

- (d) ever been the subject of an insurance claim under a professional liability insurance?

Yes _____ No _____

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

Yes _____ No _____

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

Yes _____ No _____

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

Yes _____ No _____

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

Yes _____ No _____

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

Yes _____ No _____

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

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 7, please provide particulars on a separate sheet.

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

Yes _____ No _____

If yes, when is the anticipated date? _____

Name, address of employer, or office (if known) _____

Tel: _____ Fax.: _____

9. 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.

10. Have you obtained professional liability insurance?

Yes _____ No _____

If so, please provide proof of coverage.

11. Have you been engaged in active practice for the two years immediately preceding this application?

Yes _____ No _____

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 _____

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 _____