



## NBCA Temporary Registration/Locum Application Chiropractors from Another Canadian Jurisdiction

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

<b>Application requirements the applicant must provide</b>		
1 <input type="checkbox"/>	Application Form	The attached form has been completed in its entirety.
2 <input type="checkbox"/>	Non refundable application fee	The application fee has been paid online, by cheque or money order.
3 <input type="checkbox"/>	Monthly Locum Fees (if applicable)	All other applicable fees have been paid online, by cheque or money order.
4 <input type="checkbox"/>	Proof of Valid First Aid & CPR Level C or greater	Proof has been submitted with the application.
5 <input type="checkbox"/>	Proof of Acupuncture/Dry Needling (if applicable)	Proof has been submitted with the application.
6 <input type="checkbox"/>	Criminal Record Check	Official document has been submitted with the application. Please note: Criminal Record Checks are only valid for 90 days from the date of issue.
7 <input type="checkbox"/>	Completion of NBCA Jurisprudence Exam	Link to be provided by the Registrar upon submission of application and all associated documentation.
<b>Application requirements that must come from a third party:</b>		
8 <input type="checkbox"/>	Letter(s) of Standing from regulator(s) with which you are currently registered.	Letter(s) of Standing has been requested to be sent directly to <a href="mailto:knissen@nbchiropractic.ca">knissen@nbchiropractic.ca</a> from regulator(s) with which you are currently registered.
9 <input type="checkbox"/>	Proof of Professional Liability Protection	Proof of Professional Liability Protection has been requested to be sent directly to <a href="mailto:knissen@nbchiropractic.ca">knissen@nbchiropractic.ca</a> from provider.

***Temporary Registration will be considered upon receipt of all documentation, successful completion of the NBCA Jurisprudence Exam, and Board approval.***



## Application

### Applicant Information

Full Name:

Home Address:

City:  Province/Territory:  Postal Code:

Phone Number:

Email Address:

Date of Birth (YYYY/MM/DD):

### Details

**Special event, training or New Brunswick clinic (s)/chiropractor (s) you will be covering:**

Address:

City:  Province/Territory:  Postal Code:

**Start date (YYYY/MM/DD):**

**End date (YYYY/MM/DD):**

**Secondary special event, training or New Brunswick clinic (s)/chiropractor (s) you will be covering (if applicable):**

Address:

City:  Province/Territory:  Postal Code:

**Start date (YYYY/MM/DD):**

**End date (YYYY/MM/DD):**



**Request type (please check one)**

**Temporary Registration/Locum less than 2 weeks**

Non refundable Application Fee: **\$70.00**  
**Processing Fee \$2.33**  
**Total \$72.33**

**Pay Application Fee Online**

**OR**

You may send a **cheque or money order** for the **base amount only (no processing fee required)**, made payable to:

**New Brunswick Chiropractors Association**  
PO Box 3121 Fredericton, New Brunswick  
E3A 5G9

**Temporary Registration/Locum (1 month – 3 months)**

Non refundable application fee **\$150.00**  
**Processing Fee \$4.65**  
**Total 154.65**

**Pay Application Fee Online**

**OR**

You may send a **cheque or money order** for the **base amount only (no processing fee required)**, made payable to:

**New Brunswick Chiropractors Association**  
PO Box 3121 Fredericton, New Brunswick E3A 5G9

**Additional Monthly Fees:**

**1 month - 146.66 + Process Fee \$4.55 = \$151.21**

**Pay Online**

**2 months - \$293.32 + Process Fee \$8.80 = \$302.12**

**Pay Online**

**3 months - \$439.98 + Process Fee \$13.05 = \$453.03**

**Pay Online**

**OR**

You may send a **cheque or money order** for the **base amount only (no processing fee required)**, made payable to:

**New Brunswick Chiropractors Association**



	PO Box 3121 Fredericton, New Brunswick E3A 5G9
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## Acknowledgment and Declaration

I, , hereby apply for Temporary Registration with the New Brunswick Chiropractors Association for the purpose of a special event, training, or locum. I confirm that all information provided is accurate and complete to the best of my knowledge.

I acknowledge that I may only practice within the scope of practice for chiropractors in New Brunswick and must not practice beyond the date authorized by the Registrar.

I acknowledge that I am responsible for advising NBCA, any jurisdiction I am registered in and my professional liability provider immediately to any changes.

I understand that this application is subject to Board approval as per NBCA By-law 13(3), and that registration is not active until such approval is granted.

**Signature:**

**Date:**

**Submit the completed application to:**

**New Brunswick Chiropractors Association  
PO Box 3121 Fredericton, New Brunswick E3A 5G9**

**Email: [knissen@nbchiropractic.ca](mailto:knissen@nbchiropractic.ca)**