**Registration with the NBCA**

**Phase 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:** | | |
| **1** ☐ | **Application form** | Complete and return Application Form 1. To be signed and stamped by a Notary Public or Commissioner for Oaths. Original must be sent to the NBCA Office. |
| **2** ☐ | **$250 non-refundable application fee** | There are two ways you can pay this fee:   * 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. * Cheque, bank draft or money order payable to the New Brunswick Chiropractors Association and sent to the NBCA Office. |
| **3** ☐ | **Criminal Record Check** | * Criminal Record Check from the RCMP. * Criminal Record Checks are only valid for **90 days** from the date of issue. Original must be sent to the NBCA Office. |
| **4** ☐ | **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:   * Copy of passport or birth certificate * Copy of Canadian work visa if you are not a Canadian citizen |
| **5** ☐ | **Canadian Chiropractic**  **Examining Board**  **(CCEB) results** | Confirmation of completion of the CCEB exams (part A, part B and part C). |
| **6** ☐ | **Transcript from Accredited Chiropractic Program** | An official copy of your transcript(s) must be forwarded directly to the NBCA from accredited chiropractic college(s). Original copy(ies) must be sent to the NBCA Office. |
| **6** ☐ | **Letters of reference** | Two letters of reference from professional contacts must be sent by the referee to the NBCA either by mail or electronically at [fleblanc@nbchiropractic.ca](mailto:fleblanc@nbchiropractic.ca). |

**Documentation should be mailed to:**

New Brunswick Chiropractors Association

327 St. George Street

Moncton NB E1C 1W8

# Phase 2- Registration Process

Once the requirements of the Application Process have been met and all documents have been received, you will receive a confirmation by email initiating Phase 2 the Registration Process.

**Questions?**

If you have questions regarding the application and registration process, contact the NBCA office at fleblanc@nbchiropractic.ca or 506-455-6800.

**APPLICATION FORM 1**

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

## Applicant Information

Name: Click or tap here to enter text.

Current address: Click or tap here to enter text. City: Click or tap here to enter text.

Province/State: Click or tap here to enter text. Postal code/Zip code: Click or tap here to enter text.

Date of birth: Click or tap to enter a date.

Phone number: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Mailing Address if different from above:**

Address: Click or tap here to enter text. City: Click or tap here to enter text.

Province/State: Click or tap here to enter text. Postal code/Zip code: Click or tap here to enter text.

Are you legally eligible to work in Canada? ☐ Yes ☐ No **\***If not, provide details in a separate sheet.  **\*** If so,provide proof of citizenship OR proof that you have been lawfully admitted to and are entitled to work in Canada.

## Chiropractic educational background

Name of chiropractic college attended: Click or tap here to enter text.

Location: Click or tap here to enter text. Graduation date: Click or tap to enter a date.

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

Yes  No Provide official transcripts and confirmation from the CCEB

## Acupuncture certification

Will you be providing needle acupuncture? ☐ No ☐ Yes

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 |  |
| ☐ Twitter |  |
| ☐ LinkedIn |  |
| ☐ YouTube |  |

|  |  |  |
| --- | --- | --- |
| **Discipline history** |  |  |
| Have you ever been disciplined by a chiropractic licensing body or other professional 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)): | ☐ No | ☐ Yes |
| **Criminal history** |  |  |
| Have you ever pleaded guilty to or been found guilty of a criminal offence for which you have not been pardoned? | ☐ No | ☐ Yes |
| If yes, provide the location and details of the charge(s):  Do you have any current outstanding criminal charges against you?  If yes, provide details of the charge(s). |  |  |
| **Civil history** |  |  |

Has there ever been a judgment in a civil action against you with respect to your

practice? ☐ No ☐ Yes

If yes, please provide details/documentation:

Please attach additional pages marked “Civil history” if space below is insufficient.

## Statutory declaration

**Declaration of Applicant**

I, Click or tap here to enter text., 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 in and for the province of  New Brunswick  (State commission details or affix notarial seal) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Signature |