



NBCA Membership Application

New Graduates, Inter-provincial, and International Applicants

The following documents are required to complete your NBCA membership application.

Documents to be submitted by Applicant		
1 ☐	Application form	Complete Application Form, signed and stamped by a Notary Public or Commissioner for Oaths.
2 ☐	\$250 non-refundable application fee	Please choose one of the following payment methods: • Visa/Mastercard (+2.4% processing fee): LINK • Cheque, bank draft or money order via mail.
3 ☐	Criminal Record Check	Criminal Record Checks must be dated within 90 days of submission.
4 ☐	Proof of citizenship or work permit	Proof of citizenship or authorization to work in Canada (e.g., passport, birth certificate, or Canadian work visa)
5 ☐	Valid CPR/First Aid	Proof of valid First Aid & CPR

Documents to be submitted by Third Parties		
6 ☐	Canadian Chiropractic Examining Board (CCEB) results	Request that the CCEB forward your exam results to the NBCA. Have they been requested? Yes ☐ No ☐
7 ☐	Proof of Education	Proof of education and any additional certifications (if applicable).
8 ☐	Letters of Reference	Two letters of reference speaking to good moral and ethical behaviour of the applicant and character of the applicant.
9 ☐	Letter of Good Standing	From the most recent jurisdiction in which you have been registered. <i>* Not necessary for new graduates</i>

Mail your completed application and additional requirements to:
New Brunswick Chiropractors Association
PO Box 3121, Fredericton, NB E3A 5G9



Registration Process

Once all required documentation has been received and approved, you will be contacted with next steps to complete registration. Additional information may be requested if needed. Please note this may take up to ten (10) business days.

The registration process includes:

- Successful completion of the NBCA Jurisprudence Exam (score of 85% or higher)
- Payment of prescribed membership fees (pro-rated based on start date)
- If required, assignment of a temporary permit/licence number, which allows you to obtain Personal Liability Protection (PLP)
- Final issuance of your official practice permit

Important: The registration process must be completed within 60 days of notification.

Applications not completed within this period will be closed, and any fees paid are **non-refundable**. Any subsequent registration will be treated as a new application.

For questions or concerns, contact NBCA Registrar and CEO, **Dr. Kelsey Nissen**, at **knissen@nbchiropractic.ca**



NBCA Membership Application

Applicant information

Indicate current status:

New Graduate ☐

Inter-provincial member ☐

International ☐

Desired start date:

Previously been registered in NB?

Yes ☐ No ☐

If yes, when?

Prior NB license number:

Are you planning to hold registration in more than one province?

Yes ☐ No ☐

If yes, please indicate in which province(s):

Name:

DOB:

Address:

City:

Province/State:

Postal Code:

E-mail:

Phone:

Do you plan to register a Professional Corporation?

Yes ☐ No ☐

If yes, contact CEO/Registrar prior to applying.



Clinic/Practice Information

If known, please specify the clinic(s) in which you intend to practice in New Brunswick.

Primary Clinic:

Name:

Address:

City:

Province/State:

Postal Code:

Secondary Clinic:

Name:

Address:

City:

Province/State:

Postal Code:

Chiropractic Education

Chiropractic college attended:

Graduation Year:

Have you successfully completed CCEB Examinations?

Yes ☐ No ☐

Please provide official transcripts or equivalent documentation from the CCEB.



Undergraduate/Other Graduate Education

Institution	Graduation Year	Program

Previous Registrations

If applicable, list all jurisdictions including inter-provincial and international where you have been a registered.

Jurisdiction / Province / Country	Registration Number	Dates (From – To)

Acupuncture/Dry Needling Certification

Will you be providing dry needling or acupuncture?

Yes ☐ No ☐

If yes, provide a copy of your certification/credentials.

Adjunctive Treatments

Will you be incorporating adjunctive treatment or therapy?

Yes ☐ No ☐

If yes, please provide details below:

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Will you be incorporating electro-modalities?

Yes ☐ No ☐



If yes, please provide details below.

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X-ray Use

Do you have or are you expecting to obtain and use x-ray equipment? **Yes** ☐ **No** ☐

Applicants must ensure compliance with all applicable federal and provincial legislation governing radiation-emitting devices, including:

- [Radiation Emitting Devices Act](#)
- [Radiation Emitting Devices Regulations](#)

Professional Social Media Accounts

Please list any professional social media accounts associated with your practice.

Account	Username or URL

Discipline and Criminal History

Have you ever been disciplined by a chiropractic association or other regulatory/licensing body, or are you currently subject to an investigation, alternative complaint resolution process, hearing, or appeal related to professional misconduct?

Yes ☐ No ☐

Have you pleaded guilty to or been found guilty of a criminal offence for which you have not received a pardon?

Yes ☐ No ☐



Do you have any outstanding criminal charges?

Yes ☐ No ☐

Applicants who answer “Yes” may be required to provide additional information or documentation, and such disclosures will be reviewed in accordance with NBCA policies.

Membership Requirements

I understand and agree that:

- ☐ I must maintain professional liability insurance at all times while registered with the New Brunswick Chiropractors Association (NBCA).
- ☐ I must complete 24 hours of approved continuing education during each prescribed cycle, prorated for new members where applicable.
- ☐ I must complete an approved Record Keeping Course once every five (5) years and within the first six (6) months of registration
- ☐ I must hold valid First Aid and CPR certification (minimum Level C) at all times.
- ☐ I must promptly notify the NBCA regarding any changes to my personal or professional information that may affect my practice or registration status.
- ☐ I am responsible for being familiar with, and complying with, all applicable NBCA by-laws, policies, standards, and regulatory requirements, as amended from time to time.
- ☐ I acknowledge that failure to comply with the above requirements may result in disciplinary action, including suspension or revocation of registration.



Declaration of Applicant

I, _____, the Applicant, do solemnly declare that the information contained in this application is complete, accurate, and true to the best of my knowledge and belief. I further declare that I am not aware of any reason that would prevent me from being registered as a member of the New Brunswick Chiropractors Association.

I make this solemn declaration conscientiously believing it to be true and knowing that it has the same force and effect as if made under oath pursuant to the *Evidence Act*, R.S.N.B. 1973, c. E-11. I understand that any false or misleading statement may result in the rejection of this application and/or the nullification of any current or future registration.

Declared before me at the City/Town of _____,

in the Province/State/Country of _____,

this _____ day of _____, 20____.

A Notary Public, or other person authorized to administer oaths in and for the jurisdiction in which the declaration is made.

Applicant Signature: _____