

FORM 10 Application for return to full registration
(section 47(4))

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA
APPLICATION FOR RETURN TO FULL REGISTRATION

A summary of the requirements for return to full registration is provided in the attached “Application for Return to Full Registration Information Form”.

All required documentation must be received before your application will be processed.

Please type or print clearly: The name and address stated below will be used to advise you on all matters related to this application.

1. Personal Information

Name: _____
(Surname) (First) (Middle)

Birth date: (mm/dd/yyyy) _____ Maiden name: _____

Address: _____
(Number & Street) (City)

(Province/State) (Country) (Postal / Zip code)

Phone: (Daytime) _____ Phone: (Evening) _____

2. Return to Full Registration Category

I am applying for return to full registration:

- (a) after not having been a full registrant for less than 3 years
- (b) after not having been a full registrant for 3 years or longer

Signature of Applicant: _____

Date of Signature: _____