

FORM 2 Application For Registration
(sections 44-48)

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA
APPLICATION FOR REGISTRATION

A summary of the requirements for full, student, non-practicing and temporary registration is provided in the attached “Application for 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 including notification of exam results.

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)* _____

Fax: _____ E-mail: _____

2. Registration Category

I am applying for registration as:

- (a) a full registrant
- (b) a student registrant
- (c) a non-practicing registrant
- (d) a temporary registrant

3. Educational Information

(a) Chiropractic College(s):

Name: _____ attended from: _____ to: _____

Name: _____ attended from: _____ to: _____

(b) Other post-secondary education:

Name: _____ attended from: _____ to: _____
degree or standing attained: _____

Name: _____ attended from: _____ to: _____
degree or standing attained: _____

4. Declarations

(a) Have you ever been expelled or suspended from a post-secondary institution?

yes no

(If yes, please provide details on a separate page and attach.)

(b) Have you ever applied to write the CCBC jurisprudence examination before?

yes no

If yes, when? _____

(c) Have you ever been registered or licensed to practice chiropractic or any other health profession in any other jurisdiction(s)?

yes no

(If yes, please list all dates and locations on separate page and attach.)

(d) Have you ever been refused a license in another jurisdiction?

yes no

(If yes, please provide details, including dates, on a separate page and attach.)

(e) Have you ever been the subject of a complaint to a body responsible for the regulation of chiropractic or any other health profession in connection with your professional conduct?

yes no

(If yes, please provide the details of the complaint and its disposition by the governing body on a separate page and attach.)

(f) Have you ever been sued for damages resulting from or related to your practice of chiropractic or another health profession?

yes no

(If yes, please provide details on a separate page and attach.)

(g) Are you presently aware of any potential liability claims that may be brought against you?

yes no

(If yes, please provide details on a separate page and attach.)

(h) Have you ever been charged with an offence under the *Criminal Code*, or under any statute governing a health profession?

yes no

(If yes, please provide details on a separate page and attach.)

(i) Are you aware of any current investigations or situations that may result in such charges?

yes no

(If yes, please provide details on a separate page and attach.)

If there are any other facts or special circumstances that the CCBC should be made aware of in considering your application for registration provide details on a separate page and attach.

5. Solemn Declaration

I, _____ of _____,
(applicant's name) *(address)*

in the City of _____ and Province/State of _____,

solemnly declare that to the best of my knowledge and belief, the answers I have provided and statements I have made in this application form are correct and true, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same legal force and effect as if made under oath.

Signature of Applicant: _____

Declared before me at: _____, in the City of _____,

and Province/State of _____, this ____ day of _____, _____.
(month) *(year)*

Signature and Seal: _____

(Judge, Notary Public, Justice of the Peace or Commissioner authorized to take such Affidavits)