

3. Status and Practice Declarations

- (a) **You only need to complete this declaration if you are applying for renewal of your registration as a FULL REGISTRANT or a NON-PRACTICING REGISTRANT.**

I, _____, hereby declare that I
(full name of applicant)

am in compliance with the provisions of the *Health Professions Act*, the applicable regulations under that Act, and the bylaws of the College of Chiropractors of British Columbia.

_____ Date: *(mm/dd/yyyy)*

(Signature of applicant)

- (b) **You only need to complete this declaration if you are applying for renewal of your registration as a FULL REGISTRANT.**

I, _____, hereby declare that I
(full name of applicant)

am in compliance with any and all limits or conditions on my practice imposed further to my registration with the College of Chiropractors of British Columbia, by agreement with the registrar, by undertaking to or order of the inquiry committee, or by imposition or order of the discipline committee.

_____ Date: *(mm/dd/yyyy)*

(Signature of applicant)

4. Declaration and Signature

I hereby 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.

_____ Date: *(mm/dd/yyyy)*

(Signature of applicant)