

Alberta College and Association of Chiropractors (ACAC) Application for Registration

ACAC Application Requirements:	
\$150.00 non-refundable application fee (payable by cheque, money order, VISA or MasterCard)	Included: <input type="checkbox"/> Yes <input type="checkbox"/> No
Notarized application form	Included: <input type="checkbox"/> Yes <input type="checkbox"/> No
Passport size picture	Included: <input type="checkbox"/> Yes <input type="checkbox"/> No
Proof of citizenship or that you have been lawfully admitted to Canada and are entitled to work in Canada	Included: <input type="checkbox"/> Yes <input type="checkbox"/> No
Results of (proof of passing) the CCEB Clinical Competency Examination	Included: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, has it been requested: <input type="checkbox"/> Yes <input type="checkbox"/> No
Official copy of your Doctor of Chiropractic transcript from a CCE approved chiropractic college	Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, has it been requested: <input type="checkbox"/> Yes <input type="checkbox"/> No
Letter of Good Standing from any other jurisdiction where you are or have been licensed. (Must be mailed directly from licensing body to the ACAC)	Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No

Application for Registration

Name:	
Current address:	
Mailing address (if different from above):	
<p>Indicate if you consent to having your email address used for ACAC communications. Please note: <i>This is the only method by which ACAC sends <u>all</u> important notices, updates and newsletters.</i></p> <p><input type="checkbox"/> Yes, I consent. My email address: _____</p> <p><input type="checkbox"/> No, you may not use my email address / I do not have an email address</p>	
Phone number:	Emergency Contact Number:
Fax number:	Date of Birth: M _____ D _____ Y _____
<p>Are you legally eligible to work in Canada: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Provide proof of citizenship or that you have been lawfully admitted to Canada and are entitled to work in Canada.</p>	
Date you would like to be licensed: M _____ D _____ Y _____	
CHIROPRACTIC COLLEGE INFORMATION:	
Graduate of (name of chiropractic college):	
Location:	Graduation date: (m/d/y)
PROFESSIONAL HISTORY:	
<p>Name ALL chiropractic associations or licensing bodies to which you have belonged and the dates of acceptance and/or termination (if applicable):</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>A letter of good standing is required from all jurisdictions where you are, or have been, licensed to practice and mailed directly from that licensing body to the ACAC.</p>	

DISCIPLINE HISTORY:

Have you ever been disciplined by a chiropractic association or a licensing body?

Yes, please provide details of the charge(s) and the outcome(s) below No

CRIMINAL HISTORY:

Have you ever pleaded guilty to or been found guilty of a criminal offence in Canada or an offence of a similar nature in a jurisdiction outside Canada for which you have not been pardoned.

Yes, please provide details of the charge(s) below No

Do you have any outstanding criminal charges against you?

Yes, please provide details of the charge(s) below No

Notarized applications must also include a \$150.00 non-refundable application fee as well as a passport size photo.

Your application and non-refundable application fee will remain valid for processing for a period of six months from the date of receipt at the ACAC office.

Applicant's signature

Date

Statutory Declaration

I, _____
Name (please print)

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

DO SOLEMNLY DECLARE that I have read and understood the information contained in this Application for Registration package, and agree to abide by the information contained therein; and

CERTIFY that I am the person referred to in this application and that these documents present a true and accurate account of my qualifications; and

DO SOLEMNLY DECLARE that I, being first duly sworn, on my oath, state that I am the applicant named in and who signed the application, and that I have read the information stated therein; and the same is correct and true and knowing that is of the same force and effect as if made under oath and by virtue of "The Canada Evidence Act".

Applicant's signature

Notary Public Declaration

Declared before me at _____ in the Province/State of _____ This _____ day of _____, 20____. _____ Signature of Notary Public or Commissioner for Oaths in and for the Province/State of _____
