

## Alberta College and Association of Chiropractors (ACAC) Application for Re-Activation

<b>ACAC Application Requirements Checklist:</b>	
\$150.00 non-refundable application fee (payable by cheque/money order/VISA or MasterCard)	<b>Included:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Notarized application form	<b>Included:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Passport size picture	<b>Included:</b> <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	<b>Included:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of continuing competence (CC) credits (continuing education hours) required based on the length of time not registered:  Less than 1 year – 0 CC credits One year to less than 2 years – 24 CC credits Two years to less than 3 years – 48 CC credits  **Credits must be acquired within previous 12 months  If not registered for 3 years or more, successful completion of the Recertification Examination provided by the CCEB and any other requirements deemed necessary by the Registrar are required.  If not registered for more than 5 years, contact the Registrar for CC requirements	<b>Included:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Letter of Good Standing from any other jurisdiction where you are or have been licensed.	<b>Requested:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Please note:</u> This letter must be mailed directly from licensing body to the ACAC.	

## Application for Re-Activation

Name:		Previous Registration #:	
Current address:			
Mailing address (if different from above):			
<p>Indicate if you consent to having your email address used for ACAC communications.  <b>Please note:</b> <i>This is the only method by which ACAC sends <u>all</u> important notices, updates and newsletters.</i></p> <p><input type="checkbox"/> <b>Yes</b>, I consent email address: _____</p> <p><input type="checkbox"/> <b>No</b>, 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p><b>Provide proof of citizenship or that you have been lawfully admitted to Canada and are entitled to work in Canada.</b></p>			
Date status changed in AB:		Date requested for re-activation:	
<b>CHIROPRACTIC COLLEGE INFORMATION:</b>			
Graduate of (name of chiropractic college):			
Location:		Graduation date: (m/d/y)	
<b>PROFESSIONAL HISTORY:</b>			
<p>Since your change in status with Alberta, name ANY 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><b>A letter of good standing is required from all jurisdictions where you are, or have been, licensed to practice.</b></p> <p><b><u>Please note:</u> This letter must be mailed directly from that licensing body to the ACAC.</b></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 include a \$150.00 non-refundable application fee as well as a passport size picture.**

**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.**

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**Applicant's signature**

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**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 \_\_\_\_\_