



## **Inter-Provincial Member Application**

### **Step 1- Application**

The following requirements/documents must be submitted to the New Brunswick Chiropractors Association (NBCA) before your application is considered complete.

<b>Application requirements the applicant must provide:</b>		
1 <input type="checkbox"/>	<b>Application forms</b>	Complete Application, sign and have stamped by a Notary Public or Commissioner for Oaths. (Original must be sent)
2 <input type="checkbox"/>	<b>\$250 non-refundable application fee</b>	There are two ways you can pay this fee: <ul style="list-style-type: none"> <li>• Visa/Mastercard at the following link <a href="#">APPLICATION FEE</a></li> <li>• Cheque, bank draft or money order via mail.</li> </ul>
3 <input type="checkbox"/>	<b>Criminal Record Check</b>	<ul style="list-style-type: none"> <li>• Be mindful that Criminal Record Checks are only valid for 90 days from the date of issue. (Original must be sent)</li> </ul>
4 <input type="checkbox"/>	<b>Proof of citizenship or work permit</b>	Proof of citizenship, or that you have been lawfully admitted to Canada and are entitled to work in Canada. For example: <ul style="list-style-type: none"> <li>• copy of passport or birth certificate</li> <li>• copy of Canadian work visa if you are not a Canadian citizen</li> </ul>
5 <input type="checkbox"/>	<b>Valid CPR/First Aid</b>	Proof of current First Aid & CPR

<b>Application requirements that must come from a third party:</b>		
5 <input type="checkbox"/>	<b>Canadian Chiropractic Examining Board (CCEB) results</b>	Please request that the CCEB forward your exam results directly to the NBCA.  Have they been requested? Yes <input type="checkbox"/> No <input type="checkbox"/>
6 <input type="checkbox"/>	<b>Educational Qualifications</b>	Please provide proof of education including diploma and any special certifications (ex. Acupuncture)
7 <input type="checkbox"/>	<b>Letter of Good Standing</b>	Please provide a letter of good standing for the last jurisdiction in which you practiced.

**Mail your completed application and additional requirements to:**  
***New Brunswick Chiropractors Association***  
***PO Box 3121, Fredericton PO B, NB E3A 5G5***

## Step 2- Registration Process

Once the requirements of the Application Process have been met and all documents have been received by the NBCA office you will receive an email confirmation outlining Step 2 the Registration Process requirements.

The Registration Process includes completing a Registration Form, NBCA Jurisprudence Exam, and Membership Fees invoice, assignment of a temporary permit/license number so you may secure Personal Liability Protection (PLP) and finally assignment your official Permit. The Process will be explained in more detail at that time.

Note: You have 60 days to complete your registration for a practice permit with the NBCA. If you have not completed all steps to have your practice permit activated, your application will be closed and none of the fees paid will be returned. The NBCA will not retain any documentation associated with a closed application. Should you want to register after your application has been closed, you will need to initiate a new application.

### Questions?

If you have questions regarding the application and registration process, contact the NBCA Registrar and CEO Dr. Kelsey Nissen, [knissen@nbchiropractic.ca](mailto:knissen@nbchiropractic.ca).

# NBCA APPLICATION FORM

## Applicant information

Name:  DOB:   
Address:  City:   
Province/State:  Postal Code:   
E-mail: Name:  Phone:

### Clinic/Practice Address in NB if known:

Name:   
Address:  City:   
Province/State:  Postal Code:

Are you legally eligible to work in Canada? Yes  No

\*If No provide details in a separate sheet.

\* **If Yes** Provide proof of citizenship/that you have been lawfully admitted to and are entitled to work in Canada.

## Chiropractic educational background

Chiropractic college attended:  Grad Year:

Have you successfully completed the Canadian Chiropractic Examining Board (CCEB) examinations? Yes  No

\* Provide official transcripts or equivalent documentation from the CCEB.

## Acupuncture certification

Will you be providing needle acupuncture? Yes  No

\* If yes, provide a copy of your certificate of completion of at least 200 hours in a recognized training program.

## **Professional Social Media Accounts**

The NBCA requires that you provide your professional social media account information. If you use your personal social media accounts to promote chiropractic, or to identify yourself as a chiropractor, then your personal social media accounts are considered professional accounts and must be identified.

<b>Account</b>	<b>Username or URL</b>
Facebook	
Instagram	
X	
Website	
YouTube	

## **Discipline/Criminal History**

Have you ever been disciplined by a chiropractic association or a licensing body, or are you currently undergoing an investigation, alternative complaint resolution process, hearing or appeal related to unprofessional conduct?

Yes  No

Have you ever pleaded guilty to or been found guilty of a criminal offence for which you have not been pardoned?

Yes  No

Do you have any current outstanding criminal charges against you?

Yes  No

**\* If yes to any of the above, please contact CEO/Registrar Dr. Kelsey Nissen, [knissen@nbchiropractic.ca](mailto:knissen@nbchiropractic.ca)**

Declaration of Applicant

I, , the Applicant do solemnly declare that the information contained in this Application is complete and true, and that I know of no reason why I should not be registered as a member of the New Brunswick Chiropractors Association, and, I make this solemn declaration conscientiously believing as if to be true knowing that it is of the same force and effect as if made under oath, and by the virtue the Evidence Act, R.S.N.B. 1973, c.E-11. I understand that knowingly making a false statement nullified this and future applications.

DECLARED BEFORE ME at the city/town of

\_\_\_\_\_ in the

province/territory of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_

20\_\_\_\_\_.

\_\_\_\_\_  
A Commissioner of Oaths

**or**

\_\_\_\_\_  
A Notary Public in and for the province/State  
of

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
(Commission details or affix notarial seal)