

## Application Checklist

The following requirements must be submitted to the College of Chiropractors of Alberta (CCOA) before your application is considered complete.

Application requirements the applicant must provide:

☐ **\$100 non-refundable application fee**

There are two ways you can pay this fee:

- Visa/Mastercard – may be paid by cheque, Visa or MasterCard – if credit card, please ensure to use the **Credit Card Authorization Form** provided along with this application (see page 8)
- Cheque, bank draft or money order

☐ **Application form**, completed in full

☐ **Proof of professional liability protection**, including amount of coverage. Coverage must meet the minimum requirement in Alberta of at least **\$5 million per incident** and **\$5 million cumulative**. Fax copy is acceptable.

**Note to Canadian applicants:** if you are a member of the CCPA, please ensure to notify them that you are applying for a courtesy license in Alberta when you request your letter of standing.

**If you have practiced as a chiropractor or any other type of regulated health provider for any length of time in another jurisdiction, you must also request from those regulatory authorities:**

☐ A **Report on Regulatory History** from each jurisdiction where you have practiced, past or present, chiropractic or any other regulated health profession.

The consent form that you will provide to the regulatory authority is on page 7, and the report form for the regulatory authority to complete can be found on pages 8-10. Ensure to send all four pages to the regulatory authority.

The verification **must** be sent directly from each jurisdiction to the CCOA and must include **all** of the requested information – incomplete verifications cannot be accepted, and the applicant may not complete their own Report on Regulatory History.

The collection of this information is a requirement of the *Health Professions Act*.

Fax/email/photocopies are not accepted.

### Courtesy registration application approval process

1. An application will not be reviewed unless the non-refundable \$100 application fee is included.
2. Upon receipt of the application form and payment, the non-refundable \$100 payment will be processed.
3. Upon receipt of all requirements, the CCOA will review the application.
4. If the application meets requirements, a temporary courtesy registration will be granted.

5. Confirmation of temporary courtesy licensure and a receipt for the application fee will be sent to the email address of the person applying. **Note:** at that time, we will also CC email the seminar provider for which you require the courtesy license as part of the seminar approval process. For further information, please review page 3 of this package, “Authorization For Provision of Information to Seminar Provider.”

### Incomplete applications

You have three months to complete your application for a courtesy registration. If you have not taken the steps to have your application completed, your application will be closed and none of the fees paid will be returned. The CCOA will not retain any documentation associated with a closed application. Should you want to apply after your application has been closed, you will need to submit a new application, including fees.

### Processing time

Once all application requirements have been received, the educational courtesy license will be processed within 15 business days.

### Submit your application and other requirements, including payment via:

<b>Email</b>	registration@theccoa.ca	<b>or</b>	<b>Courier/Mail</b>	11203 70 St NW Edmonton AB T5B 1T1
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### Questions?

If you have questions regarding the application process, contact the CCOA office at 780-420-0932.



All sections must be completed. Print clearly.

### Applicant information

Name:

Mailing address:

City:

Province/State:

Postal code:

The CCOA is primarily an electronic communicator. Confirmation of your educational courtesy license will be sent to the email you provide.

Email address:

Phone number:

Date of birth:

M

D

Y

### Seminar information (#1)

Name of  
seminar:

CCOA approval #

Sessions you  
will be  
teaching:

Date(s) of seminar 1:

Start: M

D

Y

End: M

D

Y

Date(s) of seminar 2:

Start: M

D

Y

End: M

D

Y

### Location of seminar

Address:

City:

Province:

### Seminar information (#2) (please attach additional pages if applying for a courtesy license for more than two seminars)

Name of  
seminar:

CCOA approval #

Sessions you  
will be  
teaching:

Date(s) of seminar 1:

Start: M

D

Y

End: M

D

Y

Date(s) of seminar 2:

Start: M

D

Y

End: M

D

Y

### Location of seminar

Address:

City:

Province:

**Where is/are your current chiropractic license(s) held?** (please attach additional pages if more room required)

Name of regulatory/licensing body:

Licensing body address:

City:

Province/State:

Postal code:

Country:

Name of regulatory/licensing body:

Licensing body address:

City:

Province/State:

Postal code:

Country:

**History of chiropractic/any other regulated health professional licenses (e.g., MD, RN, PT, CLPN, etc.)**

List all regulatory authorities/licensing bodies where you have held a license to practice chiropractic or another regulated health profession. Include beginning and end dates. Note: the CCPA and the CCA are not regulatory authorities.

Name of regulatory authority/licensing board	Profession (e.g., DC, MD, RN, etc.)	Initial registration date (M/D/Y format)	Registration ended (M/D/Y format)
	b	b	b
b			

A **Report on Regulatory History (see pages 7-10)** is required from all jurisdictions where you are or have been licensed to practice chiropractic or any other regulated health profession. It must be mailed to the CCOA directly from those regulatory authorities/licensing bodies. Fax/email/photocopies are accepted.

**Denial of registration**

 Have you ever been denied registration by a chiropractic association or licensing body? ☐ No ☐ Yes

If yes, provide details for each denial (date, organization name, reason).

**Discipline 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?

☐ No ☐ Yes

If yes, provide details (e.g., location, charge(s), outcome(s)).

**Criminal history**

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

☐ No ☐ Yes

If yes, provide the location and details of the charge(s).

Do you have any current outstanding criminal charges against you?

☐ No ☐ Yes

If yes, provide details of the charge(s).

**Has there ever been a judgment in a civil action against the applicant with respect to their practice?**

☐ Yes  
☐ No

**If yes, please provide details/documentation:**

Please attach additional pages marked "Civil action" if space below is insufficient.

Attach additional pages if you require more room.

**Authorization for Provision of Information to Seminar Provider**

For educational seminars where a courtesy license is required, the seminar cannot be approved until the CCOA has also approved the courtesy license. Therefore, the CCOA requires your written authorization to provide information to the seminar provider respecting where you are in the courtesy license application process. **This information is strictly limited to:**

- whether you have submitted an application for a courtesy license
- whether you have provided the remaining three requirements, as outlined on page 1 of this package
- whether you have completed the process, including CC-ing the seminar provider the completed license

**I authorize the CCOA to provide the above information regarding my application to the seminar provider.**

\_\_\_\_\_ (applicant signature)

**Payment Method**

☐ Cheque/money order/bank draft attached ☐ Visa/Mastercard – authorization form attached (pg 11).

**Statutory declaration**

I \_\_\_\_\_ of \_\_\_\_\_  
(print name) (city/town)  
in the Province/State of \_\_\_\_\_  
(print)

do solemnly declare that I am the applicant named in and who signed the application, and that I have read and understand 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*.

I confirm that my professional liability protection covers me for all activities related to this application for a courtesy license.

I also do solemnly declare that if I am a non-resident of Canada, I understand and have met the non-resident employment requirements of the Canada Revenue Agency.

\_\_\_\_\_  
Applicant signature

## Report on Regulatory History Form (4 pages)

Applicable **ONLY** if you hold or have ever held a license to practice chiropractic or another regulated health profession in another province, state, or country. This report is valid only for 90 days from the date of issue.

This form must be completed and provided to all licensing boards with whom you have been licensed as a chiropractor or other regulated health care provider, along with the following pages, which are for them to complete.

The collection of this information is required by Alberta's *Health Professions Act*.

### Section 1: Consent for release of information

This section is to be completed **by the Applicant** and sent to the regulatory authority for completion. Ensure to attach this form to the subsequent pages.

Applicant full name:	Practice permit/ license number:
Name as it appears on license (if different):	Date of birth:
Complete mailing address:	
Email:	Phone:
I, _____ (print name), authorize the regulatory authority named below to provide, at my expense if applicable, the information in Section 2 requested by the College of Chiropractors of Alberta (CCOA). I understand and accept this means the regulatory authority will provide full disclosure of any and all information requested in addition to information determined by the CCOA to be relevant to my application for registration as a chiropractor in Alberta.	
Name of regulatory authority:	
Date of signing:	Signature:

Continue to page 2...

## Section 2: Report on Regulatory History

The information in this section to be completed **by the regulatory authority** and returned directly to the CCOA.

### The applicant may NOT fill out this form.

Dear Regulatory Body,

As set out in Alberta's *Health Professions Act* (HPA), the College of Chiropractors of Alberta (CCOA) must collect specific information in order to license chiropractors in our province. We require a Report on Regulatory History from your organization that provides the below information regarding the applicant. A consent for release of information signed by the applicant is attached to this report form.

We sincerely thank you in advance for your assistance with this requirement.

#### Practitioner information

Name of practitioner:

License number:

Current registration status: ☐ Active ☐ Suspended ☐ Cancelled ☐ Lapsed  
☐ Other (please describe):

Type of license held: (e.g. chiropractic, medical doctor, registered nurse, etc.)

Current registration - please use Month Day, Year format (e.g., July 1, 2018) for clarity.

Initially licensed on:

License effective until:

Licensure history - provide any lapses or breaks in registration (e.g., suspensions, temporary leave, etc.). Please use Month Day, Year format (e.g., July 1, 2018) for clarity.

Date E.g., July 30, 2018	Status E.g., non-practicing	Reason for change E.g., member changed status





A. Is the Applicant **currently** involved in an inquiry or proceeding respecting their practice, conduct, competence, incapacity or professionalism in your jurisdiction?

An inquiry or proceeding can include, but is not limited to, appearance before a committee or panel, investigation, alternative complaint resolution process, hearing or appeal.

☐ Yes

☐ No

**If yes**, are there current terms, conditions or restrictions on the Applicant's registration/license because of the inquiry or proceeding?

☐ Yes

☐ No

Please provide details of the terms, conditions of restrictions:

Please attach additional pages marked "appendix A" if space below is insufficient.

B. Was the Applicant **previously** involved in an inquiry or proceeding respecting their practice, conduct, competence, incapacity or professionalism in your jurisdiction?

An inquiry or proceeding can include, but is not limited to, appearance before a committee or panel, investigation, alternative complaint resolution process, hearing, or appeal.

☐ Yes

☐ No

**If yes**, what was the outcome at the conclusion of the inquiry or proceeding?

Please attach additional pages marked "appendix B" if space below is insufficient.

What is the current status of the outcome, e.g, concluded, outstanding conditions or requirements?

C. Has the applicant ever had conditions imposed on their practice permit or equivalent?

☐ Yes

☐ No

**If yes**, please provide details/documentation:

Please attach additional pages marked "appendix C" if space below is insufficient.



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**Regulatory authority name:****Regulatory authority address:****Name of signatory:****Signatory title:****Phone #:****Email:****Date of issue:****Signature:****Please affix seal in space above.****Please mail the completed  
Report on Regulatory History to:****Registrar  
College of Chiropractors of Alberta  
11203 70 St NW  
Edmonton AB T5B 1T1****Email: [registration@theccoa.ca](mailto:registration@theccoa.ca)****Questions?** Please contact the CCOA office at 780-420-0932.

### Visa/Mastercard Payment Authorization Form

- Submit this form in order for the CCOA to commence review of your courtesy registration application.
- Your credit card will be charged the non-refundable application fee.
- A receipt will be issued along with confirmation of courtesy licensure to the email address provided by the person applying.
- This form will be securely shredded once the payment clears.
- If you are covering the payment for multiple instructors, submit this form only once with the appropriate amount noted below (\$100 per seminar instructor. E.g., if you are applying for two instructors, enter \$200 in the “Amount authorized” section).

I, \_\_\_\_\_ (print name) authorize the College of Chiropractors of Alberta to charge the below credit card to pay the courtesy registration application fee, as per the attached application.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Type of card ☐ Visa ☐ Mastercard

Name on card \_\_\_\_\_

Card number \_\_\_\_\_

Expiry Month: \_\_\_\_\_ Year: \_\_\_\_\_

Amount authorized  
(\$100 for each courtesy application) \$ \_\_\_\_\_

#### Submit via:

Email registration@thecco.ca

or Courier/Mail

11203 70 St NW  
Edmonton AB T5B 1T1

CCOA Use Only  
Receipt to matter: \_\_\_\_\_

Budget code:  
(41000)

Confirm amount: \$ \_\_\_\_\_

Initials: \_\_\_\_\_