



This application form is for chiropractors currently registered in another jurisdiction who require temporary entry to Alberta. This includes chiropractors providing professional services directly to the public, such as a chiropractor travelling with a sports team and providing services to the participants of the sporting event.

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:

| | | |
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| 1 <input type="checkbox"/> | Application forms | Provide a completed CCOA application form, notarized and signed by a Notary Public or Commissioner for Oaths. |
| 2 <input type="checkbox"/> | \$100 non-refundable application fee | Fees can be paid in one of the two following ways: <ul style="list-style-type: none">Visa/Mastercard payments are accepted. Please use the Credit Card Authorization form provided on page 11, along with this application.Cheque, bank draft or money order are also accepted. |
| 3 <input type="checkbox"/> | Proof of professional liability protection (PLP) | <ul style="list-style-type: none">Proof of PLP must show the amount of coverage.Coverage must meet the minimum requirement in Alberta of at least \$5 million per incident and \$5 million cumulative. |
| 4 <input type="checkbox"/> | Criminal record check | A criminal records check must be obtained through an CCOA designated provider. Other providers will not be accepted. <ul style="list-style-type: none">The cost of fees will be posted to an CCOA member profile as part of the application process.Once your application fees have been paid, you will receive a link to complete the criminal record check. |
| 5 <input type="checkbox"/> | Criminal record check outside of Canada (if applicable) | If you have resided in another country within the last five years, you must also submit a criminal record check from that specific jurisdiction (e.g., state). Like the criminal record check above, this criminal record check must be obtained through an CCOA designated provider. The cost for any criminal record check outside of Canada will vary depending on your previous five-year residence history. These fees will be posted to your online member profile and they must be paid within 30 business days from the date of issue or your practice permit will be suspended. |

Additional requirements checklist

If you have practiced as a chiropractor or other type of regulated health-care provider for any length of time in another jurisdiction, you must also request a Report on Regulatory History from those regulatory authorities.

| | | |
|----------------------------|-------------------------------------|---|
| 6 <input type="checkbox"/> | <p>Report on Regulatory History</p> | <ul style="list-style-type: none">• A report on your regulatory history is required from each jurisdiction where you have practiced, past or present, chiropractic or any other regulated health profession.• The report must be completed by and sent directly from each regulatory authority to the CCOA.• Applicants may not complete their own Report on Regulatory History.• Reports on Regulatory History are valid only for 90 business days from the date of issue.• The consent form you will provide to the regulatory authority is on page 7. Detailed requirements for this report can be found on pages 8 – 10. Please ensure all four pages are sent to the regulatory body.• Collection of this information is a requirement of the <i>Health Professions Act</i>. Fax, email and photocopies are not accepted. |
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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 refunds for fees paid will not be issued. 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 temporary courtesy licence will be processed within 15 business days.

Submit your application and other requirements, including payment via:

Email: registration@theccoa.ca

or Courier/Mail

11203 70 St NW
Edmonton AB T5B 1T1

If you have questions regarding the application process, contact the CCOA at registration@theccoa.ca or 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 temporary courtesy licence will be sent to the email you provide.

Email address:

Phone number:

Date of birth:

M

D

Y

Event/team information

Name of event and/or team:

Date(s) of event/season:

Start: M

D

Y

End: M

D

Y

Date(s) of event/season:

Start: M

D

Y

End: M

D

Y

Location of event/venue

Address:

City:

Province:

Type of event:

Who you will be treating:

Where is/are your current chiropractic licence(s) held?

Please attach additional pages if more room is 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 licences

List all regulatory authorities/licensing bodies where you have held a licence to practice chiropractic or another regulated health profession. Please keep in mind that 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) |
|--|-------------------------------------|--|-----------------------------------|
| | | | |
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A Report on Regulatory History (see pages 6 - 9) is required from all jurisdictions where you are or have been licensed to practice chiropractic or any other regulated health profession. Please refer to the checklist on page 1 of this document for requirements.

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).

Civil history

Has there ever been a judgment in a civil action against you with respect to your practice? No Yes

If yes, please provide details/documentation:

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 licence.

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 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/ licence number: |
| Name as it appears on licence (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 Alberta College and Association of Chiropractors (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 on the next page.

Section 2: Report on Regulatory History

The information in this section to be provided **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 licence 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:

Licence number:

Current registration

 Active Suspended Cancelled Lapsed

status:

Other (please describe):

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

Current registration

Please provide the date in the order of "month day, year" (e.g., July 1, 2018) for clarity.

Initially licensed on:

Licence effective until:

Licensure history

Please provide any lapses or breaks in registration (e.g., suspensions, temporary leave, etc.) and provide the date in the order of "month day, year" for clarity.

| Date | Status e.g., non-practicing | Reason for change e.g., member changed status |
|------|-----------------------------|---|
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|--|------------------------------|
| A. Is the applicant currently involved in an inquiry or proceeding respecting their practice, conduct, competence, incapacity or professionalism in your jurisdiction? | <input type="checkbox"/> Yes |
| 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. | <input type="checkbox"/> No |
| If yes, are there current terms, conditions or restrictions on the applicant's registration/license because of the inquiry or proceeding? | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No |

Please provide details of the terms, conditions or 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? | <input type="checkbox"/> Yes |
| 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. | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No |

If yes, please provide details/documentation:

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

Regulatory authority information

| |
|-------------------------------|
| 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, or email 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

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 temporary 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. A single payment is \$100 per seminar instructor. Therefore, if you are applying for two instructors, enter \$200 in the "amount authorized" section below.

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@theccoa.ca

or Courier/Mail

11203 70 St NW
Edmonton AB T5B 1T1

CCOA use only
Receipt to matter:

Budget code:
(4435)

Confirm amount:

\$

Initials: