



## Applications for CC credits cannot be reviewed until the following items have been received:

- Completed application** (required for each session/module of a seminar)
  - This is a fillable PDF and can be saved and emailed to CCOA once complete.
- Detailed course content description**
  - This is not the same as the short course description on the application page. This should be a **separate document** and include enough detail of the itinerary and content covered for CCOA to determine if it meets our approval criteria. It must include:
    - a breakdown of times,
    - the number of assigned credit hours per slot, and
    - names of speakers/instructors. (Do not submit CVs. If required, CCOA will request a CV.)
- Non-refundable application fee** (see [Fee Schedule](#)) We accept credit card (Visa/Mastercard only); you must submit the **credit card authorization form** on page 3.

## Approval criteria

One CC credit will be awarded for each full hour of a program, seminar or course that:

- is deemed to have chiropractic clinical relevance; and
- is within the scope of practice for chiropractors in Alberta; and
- supports the Standards of Practice, Code of Ethics and Position Statements of Alberta Chiropractors; and
- supports the delivery of chiropractic care and is specific to ongoing clinical competence or as approved by the Council of CCOA.
- The interpretation of the meaning and the intent of this information is the purview of the Registrar of CCOA.
- **PLEASE NOTE: Certificates of Attendance must be provided. Certificates that are issued without a visible CCOA Seminar Reference # will not be accepted as proof of attendance.**

## Seminar application approval process

1. An application will not be reviewed unless the non-refundable application fee is included.
2. Upon receipt of the application, the non-refundable payment will be processed.
3. The seminar description will be reviewed to determine if it meets approval criteria.
4. If the seminar meets criteria, it will be entered into our database.
5. Confirmation of seminar approval and a receipt will be sent to the email address of the person applying.

## Incomplete applications

You have 30 calendar days to complete your application for a seminar approval. 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. 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 seminar approval will be processed within 10-15 business days.

## Seminar approval period: June 1 to May 15 of the following year

The CCOA Competence Cycle is June 1 – May 31. Applications received after May 15 are **not** eligible for approval. Submit your application, including payment form to:

Send completed form to: [qualityassurance@thecco.ca](mailto:qualityassurance@thecco.ca).

# Application for CC Seminar Approval



This is a fillable PDF form. All sections are required. It is designed for you to save it to your desktop, complete it electronically, save it, and then email the saved document once complete. Please do not print it first and then scan it.

CCOA use only  
 New     Renew  
 #

## Seminar Application

Seminar name:

Location:

(hotel, building, room)

or  Online  DVD/CD

Address:

City:

Prov./State:

Postal code:

- If the same seminar is in multiple cities and on multiple dates, provide a separate list with details.
- If the seminar is in Alberta, chiropractor instructors who are not licensed in Alberta must concurrently apply for a **courtesy registration**. Access the application forms at [thecco.ca](http://thecco.ca).

Short course description for seminar search results on the CCOA website. (This is **MANDATORY** and can be up to a maximum of 500 characters, including spaces).

Seminar date(s):

Cost to attend: \$

Name of sponsor:

Number of CC credits applying for:

Seminar registration contact name:

Registration phone #/email/website:

(choose only one)

(Maximum 20 characters)

Name(s) of instructor(s): (Do not submit CVs unless we request)

Topic(s) covered:

Contact info for individual applying for approval:

Name:

Email:

Address:

City, Prov./State:

Post code:

Phone:

## Payment Methods (fees are non-refundable)

**Non-CCOA Members only** - Visa/Mastercard authorization form attached (pg. 3)

**CCOA Members only:** I confirm that I will pay the non-refundable fee for this seminar application. (An invoice will be posted to your online member profile and must be paid in order for this application to proceed.)

# Application for CC Seminar Approval



## Visa/Mastercard Payment Authorization Form (Non-CCOA Members only)

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

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

Initials: \_\_\_\_\_  
(electronic signature/initials are acceptable)

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

Type of card  Visa  Mastercard

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

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

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

Amount authorized  
(fee per seminar application) \$ \_\_\_\_\_

Submit via:

Email [qualityassurance@thecco.ca](mailto:qualityassurance@thecco.ca)