



This application is for: (1) individuals previously registered in Alberta; (2) who have not registered in another jurisdiction; and (3) are now applying to reinstate their registration.

Application checklist

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

General application requirements

1 ☐	Application forms	Provide a completed CCOA application form, notarized and signed by a Notary Public or Commissioner for Oaths.
2 ☐	Proof of citizenship or work permit	Proof of citizenship, or that you have been lawfully admitted to Canada and are entitled to work in Canada. For example: • A copy of your passport or birth certificate. • A copy of your Canadian work visa/permit if you are not a Canadian citizen.
3 ☐	Pay all applicable fees (including CCOA annual dues) • application fee (non-refundable)	The CCOA will notify you of any dues owed upon evaluation of your practice history. • You will receive an email within five business days of your application being received by the CCOA. The email will have login information and instructions on how to submit payment for the required fees. • Fees can be paid with a Visa/Mastercard, cheque or money order. You can pay fees via our website after an online profile has been created for you.

Third-party provided application requirements

4 ☐	Continuing Competence	If you left practice within three years less a day, you will be required to submit 24 Continuing Competence (CC) credits per renewal year that you have been away from practice in Alberta, including the year you changed your registration status. These certificates are required as part of your application for registration.
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5 ☐	Canadian criminal record check	A Police Information Check with Vulnerable Sector Search must be obtained through a local police service or RCMP detachment and sent to registration@theccoa.ca .
6 ☐	Criminal record check outside of Canada (If applicable)	Criteria: Submit or have a criminal record check submitted from every country where you have lived, trained, or worked for 90 days or more within the five years preceding your application or dating back to your 18th birthday. Timing: A check or checks must be completed and submitted within 90 days of original application. Cost: Applicants are responsible for the costs associated with the check(s). You will be sent information on completing the international check(s) from Sterling BackCheck The cost for any criminal record check(s) 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 practised 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.

7 ☐	Report on Regulatory History	• 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 10. Detailed requirements for this report can be found on pages 11 - 13. 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>.
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Appeal checklist

If the CCOA determines that you are not eligible for licensure in Alberta, you will be allowed to submit an appeal request

8 ☐

Appeals process

If your application for registration is accepted subject to conditions, deferred, or is refused by the Registrar, Registration Committee, or Competence Committee, you will be allowed to submit an appeal request to the CCOA council within 30 days of your registration decision.

A request for a review must:

1. Be in writing;
2. Set out the reasons why the application for registration should be approved with or without conditions; and
3. Be given to the Registrar, who must give a copy of the request to the CCOA council.

After the Registrar receives the request, the Registrar will notify the applicant within 30 days of the date, time, and place at which the council will conduct the review.

Please note all applicants can request access to their application records. There is no fee to view any application records, if viewed within 30 business days of a ruling. If the applicant would like to obtain a copy of their application record prior to 30 days after a ruling, there is a \$60 fee to obtain that record. After 30 business days of a ruling, there is a \$60 fee (plus any additional courier charges) to view or obtain an applicant's application record.

Email your completed application and additional requirements to:

registration@theccoa.ca

All applications must be emailed to the address above. Please **do not mail or courier** the application to the CCOA.

Additional information

If an application is withdrawn

If an applicant withdraws their application, in writing, during the application process, the CCOA will return payment for all paid CCOA dues portion less any costs for a criminal record check back to the applicant. The application fee and any fees incurred for a criminal records check are non-refundable.

If an application is incomplete

Applicants will have 90 days to complete the registration for a practice permit with the CCOA. If the applicant has not completed all the steps to have their practice permit activated, their application will be closed and none of their paid application fees or fees for any criminal record checks will be returned. The CCOA will not retain any documentation associated with a closed application.

Should an applicant want to register after their application has been closed, they will need to submit a new application. The CCOA will return payment for all paid CCOA dues portions less any fees for criminal record checks back to the applicant. The application fee and any fees incurred for a criminal records check are non-refundable.

If an application is unsuccessful

If an application is unsuccessful, candidates may appeal the decision to the CCOA Council. Council may take up to 30 business days to review the appeal. If the CCOA council denies the application appeal, the candidate may seek a Judicial Review with the Court of King's Bench in Alberta.

After the appeal period is over, and absent an appeal, the CCOA will distribute the CCOA dues portion less any costs for a criminal record check still owing to the applicant. If an appeal is not successful, the CCOA will distribute the CCOA dues portion less any costs for a criminal record check still owing to the applicant. The application fee and any fees incurred for the criminal records check are non-refundable.

Questions?

If you have questions regarding the application and registration process, contact the CCOA office at registration@theccoa.ca or 780.420.0932.

All sections must be completed. Please print clearly.

Applicant information

Name:

Current address:

City:

Province/State:

Postal code:

Mailing address (if different):

City:

Province/State:

Postal code:

The CCOA is primarily an electronic communicator. Invoice notices, membership renewal notices, regulatory updates, newsletters, and notices of Practice Visit/X-ray reviews are issued only electronically. Members are required to provide a current email address and to check it regularly as part of their professional obligations.

Email address:

Phone number:

Date of birth:

M

D

Y

Are you legally eligible to work in Canada? ☐ Yes ☐ No

☐ Provide proof of citizenship/that you have been lawfully admitted to and are entitled to work in Canada.

Date you would like to be licensed:

M

D

Y

Chiropractic educational background

Name of chiropractic college attended:

Location:

Graduation date:

M

D

Y

Acupuncture certification

This next section is for members who would like to register restricted activities with their application for general registration.

In Alberta, acupuncture is an advanced restricted activity. To provide needle acupuncture, chiropractors must be certified and provide demonstration of training to the satisfaction of the Registrar.

Will you be providing needle acupuncture?

☐ No ☐ Yes

If yes, provide a copy of your certificate of completion.

I understand that acupuncture is a restricted activity and that I must provide training certification to practice acupuncture as a chiropractor in Alberta, and to obtain the necessary professional liability protection.

I understand that I must provide the CCOA proper notice of certification in order to practice acupuncture in Alberta and obtain the necessary liability protection.

☐ No ☐ Yes

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. 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)

A Report on Regulatory History (see pages 10 - 13) 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:

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

Use of member personal information (as per CCOA Administrative Policy 3.3(a))

The CCOA retains member personal information to conduct organizational business, such as:

- Maintaining a complete record of membership in the CCOA.
- Maintaining individual and collective communication with members and respond to their inquiries.
- Collect and manage dues and assessments.
- Provide clinic contact information to the public; communicate about issues of interest and concern to our membership (newsletters, Council communiques, member notices, etc.).
- Recruit volunteers.
- Contact members as subject matter experts.
- Providing information to government and to the public as set out in the Health Professions Act

Disclosure of applicant/member information

The CCOA shares member personal information for the purposes of activating and maintaining your practice permit, including but not limited to:

- the Canadian Chiropractic Protection Association (CCPA)

Disclosure of social media accounts and websites

The CCOA actively monitors and enforces an advertising directive. Successful applicants will be required to provide to the CCOA the URLs for social media accounts and websites attached to their practice or professional profile. Successful applicants will provide this information through the member center portal within the first 10 business days of practice.

Statutory declaration

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

do solemnly declare that I have read and understood the information contained in this application package, and agree to abide by the information contained therein; and

I consent to receive information electronically from the CCOA and:

Do solemnly declare that I am the person referred to in this application and that these documents present a true and accurate account of my qualifications.

Do solemnly declare that I, being first duly sworn, 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 signature

Notary Public or Commissioner for Oaths declaration

Declared before me at _____ in the Province/State of _____
this _____ day of _____, 20_____.
Signature of Notary Public or Commissioner for Oaths _____
in the Province/State of _____.

The application fee is non-refundable. An application received will remain active and valid for a period of 90 business days from the date of receipt at the CCOA office.

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:

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

Initially licensed on:

License 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

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
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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.

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 email the completed Report on Regulatory History to:

registration@thecco.ca

Please **do not mail or courier** the Report on Regulatory History to the CCOA

Questions? Please contact the CCOA office at 780.420.0932.