



Form 1
Amended July 2012

APPLICATION FOR REGISTRATION FOR A NEW PRACTICING MEMBER

PLEASE PRINT

PART 1 – CONTACT INFORMATION

Name (First/Middle/Last)	
Clinic	
Address	
Phone	Fax
Clinic Website	
Your Clinic Hours	

PART 2 – LICENSING INFORMATION

If you answer “no” to any of the first three questions please provide details on a separate page.

Yes No 1. That I am a Canadian citizen or permanent resident of Canada; That I will [], or will not [], reside in Saskatchewan;

Yes No 2. That I attended and satisfactorily completed the requirements of the Accredited Chiropractic College or University named: _____ and received the diploma/degree of _____ on _____ 19/20____. I enrolled on (date) _____. The total College months attended were _____.

Yes No 3. That I hold, as required by Regulatory Bylaw 4 (6), a valid Certificate in Cardiopulmonary Resuscitation (CPR) which expires on _____.

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- Yes No 4. That I hold valid subsisting professional liability protection as a member of the CCPA or equal valid subsisting protection from another carrier whose name is _____ (attach a copy of professional liability protection if not CCPA). If you answer "no" please provide reason for not carrying professional liability protection (e.g. new graduate).
- Yes No 5. That, I have practiced in the following jurisdictions in these years as listed: _____ year _____ and that I currently hold Registrations or Licenses in: _____.

If you answer "yes" to any of the following questions please provide details on a separate page.

- Yes No 6. That a charge is pending against me in respect of alleged conduct for which I could be struck from the Register or suspended from the practice of chiropractic;
- Yes No 7. That I have been arrested or charged with an offence under The Criminal Code of Canada, The Narcotic Control Act, The Food and Drug Act, The Securities Act of any Province of Canada, or any legislation similar to any of the foregoing in any other jurisdiction, or have been a defendant in a civil action relating to fraud;
- Yes No 8. That I have had my license to practice chiropractic or my registration suspended or revoked and have received fines or reassessments in any jurisdictions or in any other profession;
- Yes No 9. That I have been denied or revoked any license or permit, the procurement of which required proof of good character;
- Yes No 10. That I have been suspended or expelled from any post-secondary academic institution.

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PART 3 - DECLARATION

THAT I, _____, the Applicant in the above application for Registration DO SOLEMNLY DECLARE that:

1. The statements contained in my Application are complete and true in every respect.
2. I will comply with the Rules, Regulations, Code of Ethics, Professional Practice Guidelines and Practice Procedures of the Chiropractors' Association of Saskatchewan.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

X _____
(Signature of Applicant)

(Date)

PART 4 - NOTARIZATION

DECLARED before me at the _____ of _____ in the
Province of _____ this ____ day of _____ 20_____.

(Commissioner for Oaths or Notary Public)

NOTE: 1. The applicant is advised that the Chiropractors' Association of Saskatchewan reserves the right to make such further and additional enquiries as may be considered necessary and to contact any references named herein for further details.

2. A charge may be made for any cost incurred to assist in completing this Form.

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PART 5 – ADDITIONAL BIOGRAPHICAL INFORMATION REQUIRED

Name (First/Middle/Last):	
Home Phone:	Home Fax:
Home Address:	
Email Address:	
Consent to use email address for official CAS communications <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender	Date of Birth:
<u>Pre-Chiropractic Education:</u> University/College: Years Attended: Degree/Diploma:	
<u>Pre-Chiropractic Education:</u> University/College: Years Attended: Degree/Diploma:	