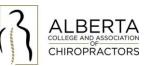
ACAC Application for Registration



The following requirements must be submitted to the Alberta College and Association of Chiropractors (ACAC) before your application will be processed.

Indicate the requirements that are included with your application:

\$300 non-refundable application fee (payable by cheque, money order, or Visa/Mastercard)
Completed notarized application form (signed and stamped by a Notary Public or Commissioner for Oaths)
Notarized official passport photo taken within the last 12 months (signed and stamped by a Notary Public or Commissioner for Oaths)
Proof of citizenship or that you have been lawfully admitted to Canada and are entitled to work in Canada (e.g., copy of passport or birth certificate, or copy of Canadian work visa if you are not a Canadian citizen)
Results of (proof of passing) the CCEB Clinical Competency Examination If the results are not included, have they been requested? \Box Yes \Box No
Your official Doctor of Chiropractic transcript mailed directly from your chiropractic college. Fax/email/photocopies are not accepted. Has your official transcript been requested? Yes No
Letter of standing mailed directly from any other jurisdiction where you are or have been licensed. Fax/email/photocopies are not accepted.

Mail your completed application and additional requirements to:

Alberta College and Association of Chiropractors 11203 70 St NW Edmonton AB T5B 1T1

Questions?

If you have questions regarding the application and registration process, contact Debra-Lynn Clouthier, Director of Administration and Regulatory Services, directly at the ACAC office: 780-420-0932.

Revised November 24, 2016

ACAC Application for Registration



Registration Process

The registration process can take up to six weeks. Candidates are strongly advised to refrain from entering contractual arrangements for practice until they have satisfied all the requirements for licensure, including obtaining the required professional liability protection and subsequent ACAC practice permit.

Once the requirements listed on the previous page have been met:

- 1. We will email you within five business days to confirm receipt of your application and indicate if anything is outstanding.
- The email will include a calculation of fees owing for the remainder of the ACAC year (July 1 June 30), pro-rated quarterly based on the expected date of licensure. Fees are payable by cheque, money order, or Visa/Mastercard.
- 3. Upon payment of all fees owing, we will email you an open book registration exam. The passing grade for the exam is 100%.
- 4. Upon successful completion of the exam, we will provide instructions to you to secure professional liability protection.
 - Members must hold at least \$5 million per claim, and \$5 million aggregate amount per year on their policies.
 - Professional liability protection must be secured before a practice permit is issued.
 - Be advised that you cannot yet practice chiropractic in Alberta.
- 5. After we receive proof of professional liability protection, the ACAC office generally requires five business days to activate your practice permit.

You have three months to complete your registration for a practice permit with the ACAC. If you have not taken the steps to have your practice permit activated, your application will be closed and none of the fees paid will be returned. The ACAC will not retain any documentation associated with a closed application. Should you want to register after your application has been closed, you will need to initiate a new application.

ACAC Application for Registration



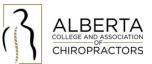
All sections must be c	ompleted. Print c	learly.	
Application Type			
General Class (new grads, applicants from outside Canada)	-	on Internal Trade (All practic licence within Cana	
Applicant Information			
Name:			
Current address:	City/PR:	Postal	code:
Mailing address (if different):	City/PR:	Postal	code:
The ACAC 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.			
□ I consent to receive information electronically from	the ACAC.		
Email address:			
Phone number:	Emergency conta	ict number:	
Fax number:	Date of birth: N	M D	Y
Are you legally eligible to work in Canada?	□ No Ily admitted to an	d are entitled to worl	k in Canada.
Date you would like to be licensed:	M D	Y	
Chiropractic Educational Background			
Name of chiropractic college program attended:			
Location:	Graduation date:	M D	Υ
Chiropractic Professional History			
List all chiropractic associations or licensing bodies where you have held a license to practice. Include beginning and end dates.			
Name Initial d	ate of registratio	n Registration e	ended (if applicable)
M	D Y	M D	Y
2. M	D Y	M D	Y
3. M	D Y	M D	Y
A letter of standing is required from all jurisdictions w must be mailed to the ACAC directly from those licens			

Acupuncture

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?

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



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).		

Disclosure of Applicant Information

Where applicable, be advised that as part of the licensing process, the ACAC is required to provide some of the information provided in these application materials to the Canadian Chiropractic Association (CCA) and the Canadian Chiropractic Protection Association (CCPA) for the purposes of activating your practice permit.

 \Box I understand that information provided as part of this application process may be provided to CCA/CCPA.

The \$300 application fee is non-refundable. An application received prior to issuance of an ACAC practice permit will remain active and valid for a period of three months from the date of receipt at the ACAC office.

Applicant	signature
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Date



Statutory Declaration

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

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

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; and

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			