

License Application and Declaration for Membership with the Manitoba Chiropractors' Association



The following requirements form the application for membership:

- School transcripts: Undergraduate Studies and Chiropractic College
- Confirmation from CCEB on successful completion of the Canadian Clinical Skills Exam
- 2 Notarized Passport Photos
- Criminal Reference Check (from country/location currently residing)
- Proof of Professional Liability Insurance (once licensed, prior to starting practice)
- Completion of the Initial License Application and Declaration
- Payment of Dues
- Letter of Good Standing from current jurisdiction to which you are licensed

This information is required in order to process your license to practice. A license will not be issued until ALL required information is received. If you have questions, please contact the MCA office at (204) 942-3000.

The Chiropractic Act of Manitoba states:

Membership

Section 7: Every person registered in the register in accordance with this Act and whose name has not been erased or removed from the register, is a member of the association.

Effect of registration

Section 12(1): Any person whose name is entered in the register is entitled to engage in the practice of chiropractic in the province and, subject to such restrictions as may be imposed pursuant to the provisions of this Act, is entitled to hold himself out as a licensed chiropractor.

New Grad Applicants are those individuals who have graduated from Chiropractic College within 12 months of Application. A non-refundable application fee of \$75 includes the Jurisprudence exam sit-in cost.

International Applicants may be required to complete CCEB components B & C and/or be granted a conditional license, with conditions and requirements set by the MCA Board of Directors. A non-refundable application fee of \$325 includes the Jurisprudence exam sit-in cost.

Non-Practising Applicants that do not meet the active practice requirement of 120 days within 3 years prior to application (120/3yrs), may be required to complete CCEB components B & C and/or be granted a conditional license, with conditions and requirements set by the MCA Board of Directors. A non-refundable application fee of \$325 includes the Jurisprudence exam sit-in cost.

Initial License and Declaration

I. PERSONAL AND CLINIC INFORMATION:

Surname:	Given Name:	Middle Name:
Home Address:		
City/Town:	Province:	Postal Code:
Home Phone	Home Fax:	Email:
Date of Birth:		
Chiropractic College:	Month and Year of Graduation:	
Date and location of successful completion of CCEB/PAE:		
A. I am setting up a new practice <input type="checkbox"/> Yes <input type="checkbox"/> No B. I will be working with: C. I plan on doing Locum work. Please add me to the list of locum practitioners <input type="checkbox"/> Yes <input type="checkbox"/> No		
Clinic Address (street number and name):		
City/Town:	Province:	Postal Code:
Clinic Phone:	Clinic Fax:	Email:
Available for Locums: <input type="checkbox"/> Yes <input type="checkbox"/> No		

II. MALPRACTICE / LIABILITY INSURANCE INFORMATION:

In accordance with *Section 26 of the MCA Bylaws*, malpractice/liability insurance is mandatory. Please provide the following information about your insurer:

Name of Insurer:	Amount of Coverage:
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- If you are insured with the **CCPA (Canadian Chiropractic Protective Association)**, you are not required to send proof of Professional Liability Insurance.
- *If you are NOT insured with the CCPA you are required to send proof of Professional Liability Insurance Coverage at least equivalent to the levels of the CCPA to the MCA office in advance of beginning practice.*

III. OTHER LICENSING INFORMATION:

I am a new graduate from Chiropractic College (applying within 12 months of graduation)

Name ALL chiropractic associations or licensing bodies to which you have been granted active/full member status and the dates of acceptance and/or termination (if applicable):

- 1.
- 2.
- 3.

Include a letter of good standing for all jurisdictions where you are, or have been, licensed to practice.

In the past twelve months have you had any disciplinary action filed against you in another licensing jurisdiction?

Yes No

If yes, please provide specific dates and details (in a separate attached document)

SPECIAL STATUS Certification	Year of Certification	Current membership?	
<input type="checkbox"/> FCCS *		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> FCCR *		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> FCCSS *		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> FCCO *		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> FCCRS *		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other		<input type="checkbox"/> Yes	<input type="checkbox"/> No
* recognized specialties approved by the Board			

IV. ACUPUNCTURE:

I am aware that the MCA has separate requirements and that I must apply to the Acupuncture Committee and be granted authorization to practice acupuncture.

V. CRIMINAL CHARGES:

Have you ever been charged, convicted of, or plead guilty to a criminal offence?

Yes No

If yes, please provide specific dates and details.

Do you have any criminal charges pending? Yes No
 If yes, please provide specific dates and details.

VI. DECLARATION

I DECLARE:

- a) That all matters contained in this application are true and accurate without error or omission. _____ (initial);
- b) There are no criminal charges or criminal convictions pending against me _____ (initial);
- c) There are no undeclared disciplinary matters pending against me _____ (initial);
- d) That all information provided in this application is true and knowing that it is of the same force and effect as if made under oath. _____ (initial); and
- e) That failure to provide accurate information contained in this application will result in my immediate suspension of license and ability to practice. _____ (initial)

I _____
Please print

Declare that all facts, statements, and answers contained in this application are true and correct; I am not omitting any information that might be of value to this board in determining my qualifications and character.

Furthermore, I solemnly declare that I will uphold the honor and dignity of the profession and adhere to the regulatory requirements in Manitoba as legislated by the Chiropractic Act, Regulations, By-laws and Code of Ethics and I further understand that I could be disciplined in a manner prescribed in the Act and By-laws for failing to do so.

Signed: _____

Date: _____

Witness: _____

For MCA Office Use:

MCA Staff Member Initials: _____ Date: _____

Applicant's Name: _____ Assigned License #: _____

A. Membership Requirements Received from Applicant

- Certified copy of school transcripts: Undergraduate Studies and Chiropractic College
- Confirmation from CCEB on successful completion of the Canadian Clinical Skills Exam
- 2 Notarized Passport Photos
- Criminal Reference Check
- Proof of Insurance
- Completion of the Initial License Application
- Letter of Good Standing

B. Payment of Dues

Membership Category:	New Graduate <input type="checkbox"/>	Regular Member <input type="checkbox"/>	Conditional Member <input type="checkbox"/>
	Senior Member <input type="checkbox"/>	Life Member <input type="checkbox"/>	

Dues \$ _____

NB: New Members must pay the balance of the Annual Dues. As of January 1st of the following year a member becomes eligible for the monthly DEFT payment system.

C. Other Information

- Preferred Name printed on license certificate: _____
- Preparation of Membership Certificate
- Preparation of Annual Licensure Certificates
- Advise of New Member Orientation
- Letters to Agencies (Billing Numbers)
- File Reviewed by the Registrar: Initials: _____