



Manitoba
Chiropractors
Association

License Application and Declaration for Membership

To foster the highest standard of chiropractic health for Manitobans while also meeting obligations to Provincial, National and International Fair Registration practices, applications will be considered under the following categories:

New Grad Applicants Are individuals who have graduated from an approved Chiropractic College within 12 months of application and completed all CCEB exams. A non-refundable application fee of \$295 includes the Jurisprudence exam sit-in cost.

Reciprocity Applicants, Under the Agreement with Internal Trade (AIT), these applicants are currently in active practice in another Canadian Province and are seeking to move their license to Manitoba. A non-refundable application fee of \$295 includes the Jurisprudence exam sit-in cost.

International Applicants Are individuals who have graduated from an approved Chiropractic College, have completed the CCEB and/or have been in active license practice outside of Canada. If their initial application is denied, they can appeal to the MCA Board and possibly be granted a conditional license, with conditions and requirements set by the MCA Board. A non-refundable application fee of \$325 includes the Jurisprudence exam sit-in cost.

Non-Practicing Applicants Do not meet the active practice requirement of 120 days within 3 years prior to application. Applicants may be required to complete the CCEB or components of it. If initial application is denied, they can appeal to the MCA Board and possibly be granted a conditional license, with conditions and requirements set by the MCA Board. A non-refundable application fee of \$295 includes the Jurisprudence exam sit-in cost.

The following requirements form the application for membership:

1. **Chiropractic College Transcripts** (to be provided directly from academic institution to the MCA)
2. **Confirmation from CCEB of successful completion of Written and Clinical elements** (to be provided directly from CCEB to the MCA)

Please note: Applicants who are currently practicing in another jurisdiction within Canada are not required to provide the Transcript and CCEB results.

3. **Government issued photo identification** (bring to MCA office in order for MCA to copy for file)
4. **Criminal Reference Check** including vulnerable sector search, child abuse registry check and adult abuse registry check (you must apply online)
5. Completion of the initial **License Application and Declaration form**
6. **Letter of Good Standing** from current and prior jurisdiction is required for members transferring from another jurisdiction and must be provided directly from the regulatory college(s) in the prior jurisdiction(s).
7. \$295 non-refundable **Application Fee** (\$325 if an international applicant) CASH/CHEQUE ONLY
8. **Jurisprudence exam** (written at the MCA office following submission of all application materials)

Once the materials are submitted, the Licensing Committee reviews and approves applicants. If approved, new members complete the following requirements:

- Arrangements made for **payment of membership dues** as per MCA guidelines.
- Proof of **Professional Liability Coverage** (once licensed, prior to starting practice).

If initial application is denied by the Licensing Committee any applicant can make an appeal to the MCA Board of Directors – NOTE – this appeal must be made within 30 days of the date of initial refusal.

Please note that approval from the Licensing Committee to register a candidate is valid for 90 days. If the candidate allows 90 days to lapse without completing the registration process, the application, supporting documentation, and fees will need to be resubmitted for consideration.

Your registration and certificate to practice will not be issued until all required licensing requirements are met. If you have questions, please contact the MCA office at (204) 942-3000.

Initial License and Declaration

I. PERSONAL AND CLINIC INFORMATION:

Surname:	Given Name:	Middle Name:
Home Address:		
City:	Province:	Postal Code:
Home Phone:	Cell Phone:	Email:
Date of Birth:		
Chiropractic College Attended:		Month and Year of Graduation:
Date and location of successful completion of CCEB Examinations: Written: _____ Clinical: _____		
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/Province:	Postal Code:	Website:
Clinic Phone:	Clinic Fax:	Email:
Available for Locums: <input type="checkbox"/> Yes <input type="checkbox"/> No		

NOTE: THE EMAIL ADDRESS YOU HAVE IDENTIFIED WILL BE USED TO SEND OUT ALL REGULATORY NOTICES, NEWSLETTERS AND VOTING INFORMATION. IT IS YOUR RESPONSIBILITY TO ACTIVELY MONITOR THIS EMAIL AND IF REQUIRED UPDATE THIS INFORMATION TO ENSURE IT IS CURRENT.

II. A) PROFESSIONAL LIABILITY COVERAGE INFORMATION:

In accordance with the MCA by-laws, professional liability coverage is mandatory. Please provide the following information about your coverage:

Name of Liability Protection:	Amount of Coverage:
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- Currently, the MCA Board of Directors mandates coverage of \$2 million per occurrence and \$4 million annual aggregate.
- ***You are required to send proof of Professional Liability Coverage which must be to the level prescribed by the MCA in advance of receiving your certificate to practice.***

II. B) AUTHORIZATION FOR MCA TO RELEASE REGISTRATION INFORMATION

In accordance with relevant privacy legislation and confidentiality requirements of *Section 53.1(1) of The Chiropractic Act of Manitoba*, the MCA will require a candidate's written authorization to release confirmation of successful registration to the extent the information is available to the public, or is required to be disclosed to various organizations, including but not limited to:

- Manitoba Health, Manitoba Public Insurance, Workers Compensation
- Various private insurance companies, such as Canada Life, Blue Cross, etc.
- National professional organizations or liability/malpractice insurance companies as specified by applicant:

(please print clearly and initial)

By checking this box, I acknowledge the privacy legislation and provide my authorization for the MCA to provide the information to the organizations listed above

III. OTHER LICENSING INFORMATION:

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

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

1. _____

2. _____

3. _____

Include a letter of good standing for all jurisdictions where you are, or have been, licensed to practice. This letter of good standing must be requested by the candidate with written authorization by the candidate for the former jurisdiction to send this information directed to the MCA to registrar@mbchiro.org.

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)

Have you ever been refused licensure and/or registration to practice chiropractic or another health care profession?

Yes No

Chiropractic educational institutions and the Canadian Chiropractic Examining Board (CCEB) are both receiving a growing number of requests from students and exam candidates for accommodations due to various disabilities. The MCA is of the view that any accommodation granted to a student during their chiropractic education or a candidate during the CCEB examinations should be disclosed to us. Accommodation is some form of change or modification made in answer to a documented disability.

Were you granted any accommodation during your chiropractic education or during the CCEB examinations? Yes No

If yes, please describe the specific disability and the accommodation granted on 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"/> FRCCSS *		<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. (See Standard of Practice S-13 for details.)

V. CRIMINAL OFFENSES: (MANDATORY - MUST BE COMPLETED)

a) Have you ever been investigated, charged, convicted of, or plead guilty to a criminal offence for which you have not been formally pardoned?
 Yes No

b) Have you ever been investigated, charged, or convicted of an offence under the Criminal Code, Controlled Drugs and Substances Act, or the Food and Drug Act? You must declare a charge or conviction even if you have been granted a conditional discharge, an absolute discharge, a suspended sentence, or a record suspension.
 Yes No

Be advised that the MCA interprets the term "criminal" to include a charge under any of the following:

- *The Criminal Code of Canada;*
- *Narcotic or controlled substance legislation;*
- *Income Tax Act;*
- *Excise Tax Act;*
- *Food and Drug Act;*
- *Any legislation where you have been convicted or plead guilty to an indictable offence in any country; and*
- *Any other Manitoba or Canadian legislation.*

If yes, please provide specific dates and details.

- c) Do you have any criminal charges as described in (a) above 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 investigations, charges or 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)
- f) I understand that if my license is suspended for any reason my regular membership fees will remain due and payable _____ (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: _____ **Date:** _____

For MCA Office Use:

MCA Staff Member Initials: _____

Date of Licensing: _____

Applicant's Name: _____

Assigned License #: _____

A. Membership Requirements Received from Applicant:

- Certified copy of Chiropractic College Transcripts
- Confirmation from CCEB on successful completion of the Canadian Clinical Skills Exam
- Government Issued Photo Identification
- Completion of the Initial License Application
- Criminal Reference Check
- Letter of Good Standing
- \$295 non-refundable Application Fee (\$325 if an international applicant) (TO BE PAID BY CASH OR CHEQUE ONLY)
- Jurisprudence Exam: _____
- Proof of Professional Liability Coverage
- Authorization for information to be shared with other organizations as specified by candidate:

B.

Membership Category:	Regular Member <input type="checkbox"/>	Special Practicing <input type="checkbox"/>	Conditional Member <input type="checkbox"/>
	Senior Member <input type="checkbox"/>	New Grad <input type="checkbox"/>	Semi-Retired Member <input type="checkbox"/>

NOTE: New Members must make license payment arrangements with the MCA prior to their license being issued. License payments may be paid in full for the remainder of the year, or monthly as per MCA guidelines.

- Full payment made for remainder year Amount paid \$_____ Date received _____
- Monthly Payments through DEFT Monthly payment \$_____ First payment date_____

C. Other Information:

- Preferred Name printed on license certificate: _____
- Preparation of Membership Certificate
- Preparation of Certificate to Practice
- Letters to Agencies (Billing Numbers)
- File Reviewed by the Registrar – Initials: _____
- File Reviewed by Licensing Committee – Approval Date: _____
- License payment arrangements made with finance officer initials_____
- Added to Official MCA Registry
- Added to MCA email list
- Electronic Member File Created
- File completed and filed in member file cabinet