



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. Completion of the initial **License Application and Declaration form**
2. **Non-Refundable Application Fee of \$295.00** (\$325.00 for International Applicant)
  - Payment can be made by e-transfer to [finance@mbchiro.org](mailto:finance@mbchiro.org) (please set password as 'Winnipeg') – be sure to include your name and reason for payment in the notes.
  - We also accept credit card payments (in person or over the phone), cash, cheques, and money orders
3. **Chiropractic College Transcripts** (to be provided directly from academic institution to the MCA)
4. **Confirmation from CCEB of Successful Completion of All Components** (to be provided directly from CCEB to the MCA) – applicant must request for CCEB to send us their results.
  - *Please note: Applicants who are currently practicing in another jurisdiction within Canada are not required to provide their transcript and CCEB results.*
5. **Criminal Record Check with Vulnerable Sector Search**
6. **Adult and Child Abuse Registry Checks** (original copies must be provided to the MCA office)
7. **Government Issued Photo Identification** (to be verified in person and photocopied for your file)
8. **Letter of Good Standing** from current and prior jurisdiction(s) is required for members transferring from another jurisdiction and must be provided directly from the regulatory college(s) to the MCA.
9. **Manitoba Jurisprudence Exam**
10. **CPR & AED Certification (minimum Level C)**

Once the materials are submitted, the Licensing Committee will review and approve application. If approved, new members will then be prompted to complete the following requirements prior to the issuing of their Certificate of Practice:

1. Arrangements made for payment of membership dues.
2. Proof of Professional Liability Coverage (obtained once licensed, prior to starting practice).

If your initial application is denied by the Licensing Committee, any applicant can make an appeal to the MCA Board of Directors. 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 of Practice will not be issued until all required licensing requirements are met. If you have questions, please contact the MCA office by email at [info@mbchiro.org](mailto:info@mbchiro.org) or by calling (204) 942-3000.

### **How to Submit Application**

1. **Email:** [regulatory@mbchiro.org](mailto:regulatory@mbchiro.org)
2. **Fax:** (204) 942-3010
3. **Mail/In Person:**  
Manitoba Chiropractors Association  
505-1445 Portage Ave  
Winnipeg, MB R3G 3P4

# Initial License and Declaration

## I. PERSONAL AND CLINIC INFORMATION:

<b>Surname:</b>	<b>Given Name:</b>	<b>Middle Name:</b>
<b>Home Address:</b>		
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Email:</b>
<b>Date of Birth:</b>		
<b>Chiropractic College Attended:</b>		<b>Month and Year of Graduation:</b>
<b>Date and location of successful completion of CCEB Examinations:</b>		
<b>Written:</b>		<b>Clinical:</b>
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		
<b>Clinic Name:</b>		<b>Clinic Address:</b>
<b>City/Province:</b>	<b>Postal Code:</b>	<b>Website:</b>
<b>Clinic Phone:</b>	<b>Clinic Fax:</b>	<b>Email:</b>
<b>Available for Locums:</b> <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. 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 meet the minimum prescribed by the MCA, in advance of receiving your Certificate of Practice – after your application has been approved.*

## 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:

- i. Manitoba Health, Manitoba Public Insurance, Workers Compensation
- ii. Various private insurance companies, such as Canada Life, Blue Cross, etc.
- iii. 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 (if applicable).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I have included a Letter of Good Standing for all jurisdictions where I am or have been licensed to practice.

- The Letter of Good Standing must be requested by the candidate with written authorization by the candidate for the former jurisdiction to send this information directly to the MCA. Please have the letter sent via email to [regulatory@mbchiro.org](mailto:regulatory@mbchiro.org) and [registrar@mbchiro.org](mailto: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

*If yes, please provide specific dates and details in a separate attached document.*

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 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"/> 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 MCA Board of Directors.

#### IV. ACUPUNCTURE:

I am aware that the MCA has separate requirements for practicing acupuncture and that I must declare if I will be practicing 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. Please attach a separate document if more space is needed.

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- c) Do you have any criminal charges as described in (a) above pending?  
 Yes       No

If yes, please provide specific dates and details. Please attach a separate document if more space is needed.

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**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:** \_\_\_\_\_

**Application Requirements Checklist (For Applicants):**

- Submit **Initial License Application Form**
- Pay non-refundable **Application Fee**
- Certified copy of **Chiropractic College Transcript** sent to the MCA
- Confirmation from **CCEB on Successful Completion** sent to the MCA
- Government Issued Photo Identification Verified** In Person or via Microsoft Teams
- Criminal Record Check with Vulnerable Sector Search** submitted
- Adult & Child Abuse Registry Checks** submitted
- Letter of Good Standing** sent to the MCA (if applicable)
- Jurisprudence Exam** Completed
- Proof of Valid **CPR Certification** sent to the MCA

**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.

**For MCA Office Use Only:**

<b>Membership Category:</b>	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"/>

MCA Staff Member Initials: \_\_\_\_\_ Date of Licensing: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Assigned License #: \_\_\_\_\_

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