



# CANADIAN CHIROPRACTIC EXAMINING BOARD

230, 1209 – 59<sup>th</sup> Avenue SE

Calgary AB T2H 2P6

Phone: (403) 230-5997 Fax: (403) 230-3321

## Volunteer Application Form

*\* Mandatory fields*

\* First Name:

\* Last Name:

\* Street:

\* City / Province:

\* Postal Code:

\* Phone (Business): ( )

Phone (Cell): ( )

\* Email:

Fax: ( )

Gender:  Female  Male

Are you fluent in French?  Yes  No *(i.e: Are you able to examine French-speaking candidates)*

Type of Practice:  Sole Practitioner  Multi-Practitioner  Multi-Discipline

Location of Practice:  Large City  Satellite Community  Small City  Rural

I am available to volunteer as an Examiner / Standardized Chiropractic Treatment Patient in:

February – Calgary  June – Hamilton / Montreal  October – Calgary

I am interested in the following positions:

- Examiner
- Standardized Chiropractic Treatment Patient
- Item Review Committee
- Acceptable Performance Level Committee

- Examiners require a minimum of 3 years experience as a practicing Canadian Chiropractor.
- All other positions require a minimum of 1 year.

Education: Level (undergrad, postgrad, other)

Major / Specialty

Chiropractic College attended:

Graduation (mm/yy):

Licensure Province(s):

Canadian Licensure (mm/yy):

Are you a member in good standing with the province that you are practicing in?  Yes  No

Have you been found guilty of professional misconduct, or are you presently involved in a misconduct claim? *(If 'Yes', provide details under Additional Comments)*  Yes  No

Are you or your significant other involved in any way with a chiropractic college, or with chiropractic exam preparatory materials? *(If 'Yes', provide details under Additional Comments)*  Yes  No

Additional Comments (if any):