



**Canadian Chiropractic Examining Board  
Conseil Canadien des Examens Chiropratiques**

Suite 230 – 1209 59 Avenue SE  
Calgary, Alberta T2H 2P6

Phone (403) 230-5997 • Fax (403) 230-3321 • volunteers@cceb.ca

**Volunteer Application**

|                       |  |                               |  |
|-----------------------|--|-------------------------------|--|
| First name:           |  | Last name:                    |  |
| Home address:         |  | City:                         |  |
| Province:             |  | Postal code:                  |  |
| Phone (cell):         |  | Phone (work):                 |  |
| Email*:               |  | Website:                      |  |
| Gender                |  | Chiropractic college attended |  |
| Years of practice     |  | Canadian licensure (mm/yy)    |  |
| Licensure Province(s) |  |                               |  |

\*note: email is our primary method of communication

Language(s):

I would like to volunteer in (select all that apply): English  French

Please indicate your interest for the coming year (select all that apply) \*:

| Comp C exam (SCTP/examiner) |  | Item writing |  | Acceptable competence level |  |
|-----------------------------|--|--------------|--|-----------------------------|--|
| February                    |  | Comp A       |  | Comp A                      |  |
| June                        |  | Comp B       |  | Comp B                      |  |
| October                     |  | Comp C       |  | Comp C                      |  |

\*note: we use various different criteria to select volunteers and can not guarantee you will be selected.

I am interested in becoming a governor for the CCEB? (If YES please explain why use additional space if required):

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Any additional comments:

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**DISCLOSURES**

Please initial all that apply:

| Initial | Disclosures & Statement of Good Standing  |
|---------|---|
|         | I am a member in good standing of the provincial licensing body(ies) listed herein and have no outstanding issues or disciplinary matters pending.  |
|         | I have not participated in any examination preparatory course in the last five (5) years.   |
|         | I am not a member of the faculty, administration or Board of Directors of a chiropractic educational institution.   |
|         | To my knowledge, I have no relationship, of any kind, with any candidate being examined within 24 months of signing this disclosure. I shall disclose immediately to CCEB staff any relationship as it may arise.   |
|         | There are no impediments of a physical or mental nature which restrict me from carrying out my responsibilities.  |
|         | I have read, understood, acknowledge and agree to adhere to the CCEB statement of confidentiality.  |
|         | I have read, understood, acknowledge and agree to adhere to the CCEB expense policy.  |
|         | I have read, understood, acknowledge and agree to adhere to the CCEB code of conduct.   |
|         | I acknowledge that CCEB volunteers are not compensated, excepting expenses, as outlined in the expense policy.  |
|         | I acknowledge that the CCEB uses technology, both audio and video, in support of quality assurance, validity, and transparency in the examination process and consent that I may be remotely observed and/or recorded.  |
|         | Optional:<br>I acknowledge that the CCEB may take photographs of volunteers in the course of their volunteer activities, these images may be posted on the website, and used in promotional and marketing materials at the discretion of the CCEB and I consent to the capture and use of my image. |

Have you been found guilty of professional misconduct, or are you presently involved in a misconduct claim, civil suit, administrative or criminal action? Yes \_\_\_ No \_\_\_

(If "YES", provide details use additional space if required)

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date