



**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:	
Maiden 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)			
Certified in First Aid	Yes:	No:	Year Certified:

Please let us know if you have any physical conditions that would impact your ability to fulfil the responsibilities of an SCTP in our Comp C Exams in any of our stations.

Please explain reason: _____

*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	
May		Comp B		Comp B	
October		Comp C		Comp C	



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*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):

Any additional comments:

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: 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



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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)

Signature

Date