



CANADIAN CHIROPRACTIC EXAMINING BOARD

230, 1209 – 59th 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):