

## MEMBER & ASSESSOR IDENTIFICATION PPA 2.0

### MEMBER UNDERGOING PPA 2.0, 2023 CYCLE

Name: \_\_\_\_\_

Registration No.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### CHIROPRACTIC EDUCATION

Chiropractic school attended: \_\_\_\_\_

Graduate date: \_\_\_\_\_

### SPECIALIST STATUS (if applicable)

- FCCPOR(C) - Fellow of the Canadian Chiropractic Specialty College of Physical and Occupational Rehabilitation (Canada)
- FCCR(C) - Fellow of the Chiropractic College of Radiologists (Canada)
- FCCS(C) - Fellow of the College of Chiropractic Sciences (Canada)
- FRCCSS(C) - Fellow of the Royal College of Chiropractic Sports Sciences (Canada)
- FCCOS(C) - Fellow of the College of Chiropractic Orthopaedic Specialists (Canada)

### MEMBER OF OTHER REGULATED HEALTH PROFESSIONS (if applicable)

No     Yes    If yes, identify other profession: \_\_\_\_\_

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### ASSESSOR

Name: \_\_\_\_\_

Registration No.: \_\_\_\_\_