

2. Please indicate your purpose for applying for a temporary registration in Ontario:

- I am applying for a temporary certificate to participate in a specific event involving the performance of a controlled act (application fee of \$52) **OR** I am applying for a temporary certificate to actively practice chiropractic in Ontario (an application fee of \$52 plus a certificate fee of \$155: total \$207)

Please indicate the specific event below:

- To teach/participate in a course in Ontario
 To participate in a research project in Ontario
 To participate in a specific event in Ontario
 Other

3. Please provide details of your proposed chiropractic activities while in Ontario:

4. What is the proposed start date and end date of your requested temporary certificate of registration in Ontario?

Start Date: _____ Expiry Date: _____
 (no later than 12 weeks after date of issue)

Authorization To Work in Canada

You must be authorized to work in Canada by one of the following provisions. Please indicate which provision applies to you.

- Canadian citizen
 Permanent resident
 Engage in the practice of chiropractic profession under the *Immigration and Refugee Protection Act, 2001*
 If no category applies, provide an explanation: _____

1. Do you speak and write either English or French with reasonable fluency? YES NO
 2. What is your language of preference? English French Other
 Other languages in which you can provide professional services: _____

CLINICAL COMPETENCY EXAMINATIONS

Please answer the following questions with respect to clinical competency examinations

- I have successfully completed the CCEB Clinical Competency Examinations
 I have attempted but not successfully completed the CCEB Clinical Competency Examinations
 I have successfully completed another clinical competency examination (e.g., NBCE Examinations)

Please list the date(s) of completion or attempts of clinical competency examinations: _____

PROFESSIONAL MISCONDUCT, SELF-REPORTING, INCOMPETENCE AND INCAPACITY

Please answer the following questions related to any professional misconduct, self-reporting, incompetence and incapacity findings. In accordance with section 23 of the Health Professions Procedural Code under the *Regulated Health Professions Act, 1991 (RHPA)* and Regulation 261/18 under the RHPA, members of all Ontario health regulatory colleges are required to report on the following information to appear on the public register:

- every finding of a disciplinary decision or a finding of professional misconduct or incompetence by another regulatory or licensing authority in any jurisdiction
- every finding of professional negligence or malpractice, which has not been reversed on appeal;
- every finding of guilt or charge related to an offence under the Criminal Code (Canada), the Health Insurance Act or the Controlled Drugs and Substances Act (Canada) that has not been overturned on appeal, pardoned or ordered for a record suspension by the Parole Board of Canada,
- every bail conditions or other restrictions related to a charge for an offence under the Criminal Code (Canada), the Health Insurance Act or the Controlled Drugs and Substances Act (Canada)

Has a regulatory body made a finding against you or are you currently facing a regulatory proceeding of professional misconduct, incompetence or incapacity, since the date of your most recent renewal with CCO. Check the appropriate box(es) below:

- | | | | | | | |
|----|--|--------------------------|-----|--------------------------|----|--|
| 1. | In another jurisdiction as a chiropractor | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | If YES to any question, please provide details on a separate sheet of paper, including the nature, description, and date of any finding. |
| 2. | In another profession | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | |
| 3. | Have you been found guilty of an offence under the Criminal Code (Canada), the Health Insurance Act or the Controlled Drugs and Substances Act (Canada) that has not been reversed on appeal, pardoned or ordered for a record suspension by the Parole Board of Canada? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | If YES to any question, please provide details on a separate sheet of paper, including the nature, description, date of any finding, name and location of the court, and any appeal status relating to the finding. |
| 4. | Have you been charged with an offence under the Criminal Code (Canada), the Health Insurance Act or the Controlled Drugs and Substances Act (Canada)? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | |
| 5. | Do you have any bail conditions or other restrictions related to a charge for an offence under the Criminal Code (Canada), the Health Insurance Act or the Controlled Drugs and Substances Act (Canada)? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | |
| 6. | Has there been a finding of professional negligence or malpractice made against you which has not been reversed on appeal? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | |

SUBMISSION OF POLICE CRIMINAL RECORD CHECK

As, an applicant, you are required to submit a Canadian Police Information Centre (CPIC) Vulnerable Sector (VS) check, or its equivalent, consistent with Regulation 137/11 under the *Chiropractic Act*, and Policy P-056: Requirement to Disclose Police Criminal Record Checks.

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|----|---|--------------------------|-----|--------------------------|----|
| 1. | I confirm that I or the police have submitted a Canadian Police Information Centre Vulnerable Sector Check, consistent with Regulation 137/11 under the <i>Chiropractic Act</i> and Policy P-056: Requirement to Disclose Police Criminal Record Checks | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
|----|---|--------------------------|-----|--------------------------|----|

ACKNOWLEDGEMENT OF COMPETENCE AND GOOD CHARACTER

(if you answer NO to either question, please provide a written explanation on a separate paper)

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|----|--|--------------------------|-----|--------------------------|----|
| 1. | I confirm that I am mentally and physically competent to practise chiropractic. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. | I confirm that I will practise chiropractic with professionalism, decency, integrity, honesty and in accordance with the law in Ontario. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

