

MEMBER & ASSESSOR IDENTIFICATION FOR PPA 1.0, 2023 CYCLE

MEMBER BEING ASSESSED On Site Virtual/Remote

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: _____

ASSESSOR

Name: _____

Registration No.: _____