

PROVINCE OF BRITISH COLUMBIA

Ministerial Order No.

M 135

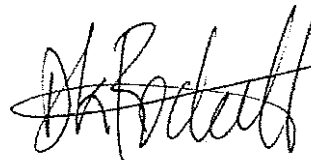
ORDER OF THE MINISTER OF HEALTH

Health Professions Act

I, Daryl Beckett, as delegate of the Minister of Health, order that the amendments to the bylaws of the College of Chiropractors of British Columbia, as set out in the schedule to the attached resolution of the board of the College dated April 18, 2011, come into force on May 27, 2011.

May 27, 2011

Date



Daryl Beckett
Director, Professional Regulation
Ministry of Health

(This part is for administrative purposes only and is not part of the Order.)

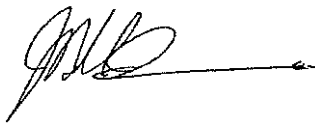
Authority under which Order is made:

Act and section:- *Health Professions Act*, R.S.B.C. 1996, c. 183, s. 19 (3.2) (b)
Other (specify):- *Ministry of Health Act*, R.S.B.C. 1996, c. 301, s. 4 (2)

RESOLUTION OF THE BOARD OF THE COLLEGE OF CHIROPRACTORS OF
BRITISH COLUMBIA MADE THE 18TH DAY OF APRIL 2011 AT RICHMOND,
BRITISH COLUMBIA

RESOLVED THAT, in accordance with the authority established in sections 19(1) and 49 of the *Health Professions Act* (the "HPA"), and subject to filing with the Minister of Health (the "Minister") as required by section 19(3) of the *HPA*, the board amend the bylaws of the College of Chiropractors of British Columbia as set out in the attached Schedule.

CERTIFIED A TRUE COPY:



J. Blake Cameron, D.C.
Registrar, College of Chiropractors of BC

<p>FILED MINISTRY OF HEALTH</p> <p>MAY 26 2011</p> <p>SIGNATURE: <u>Daryl Beckett</u></p> <p>NAME: <u>Daryl Beckett</u></p> <p>TITLE: <u>Director, Professional Regulation</u></p>

Schedule

The bylaws of the College of Chiropractors of British Columbia made under the authority of the *Health Professions Act* are amended as follows:

1. Section 28 is repealed and replaced by the following:

Payments and commitments

28. (1) The registrar may approve payments and commitments for the purchase of goods and services up to \$10,000.
- (2) Subject to subsection (3), all payments and commitments by the college in excess of \$10,000 must be approved by the registrar and 1 board member designated by the board.
- (3) All payments and commitments by the college in excess of \$50,000 must be approved by the board.

2. Schedule “C” is repealed and replaced by the following:

SCHEDULE “C” Fees

1. Application fees:

- | | |
|--|-------|
| (a) for full registration under section 44 | \$320 |
| (b) for temporary registration | \$25 |
| (c) for student registration | \$25 |

2. Jurisprudence examination fees:

- | | |
|---------------------------|-------|
| (a) for first examination | \$150 |
| (b) for re-examinations | \$75 |

3. Initial registration fees:

- | | |
|-------------------------------------|--------|
| (a) for full registration: | |
| (i) first-year registrants | \$475 |
| (ii) second-year registrants | \$575 |
| (iii) third-year registrants | \$675 |
| (iv) all other full registrants | \$1550 |
| (b) for limited registration | \$475 |
| (c) for non-practising registration | \$75 |
| (d) for temporary registration | |
| (i) sports related | \$75 |
| (ii) all others | \$150 |
| (e) for student registration | \$25 |

5. Changes in registration status and reinstatement:

- | | |
|---|-------|
| (a) for change in registration status: | |
| (i) from limited registration to full registration: | \$320 |
| (ii) from full registration to non-practising registration: | \$75 |
| (iii) from non-practising to full registration | \$320 |
| (b) for reinstatement under section 53: | \$200 |
| (c) for reinstatement under section 54: | |
| (i) to full registration | \$320 |
| (ii) to non practicing registration | |
| (d) for reinstatement under section 55: | \$320 |

6. Prorating of fees:

Fees listed in sections 3(a) and (b) and 4(a) and (b) of this Schedule will be prorated

4. **Registration renewal fees:**
- (a) for full registration:
 - (i) second year registrants \$575
 - (ii) third year registrants \$675
 - (iii) all other full registrants \$1550
 - (b) for limited registration \$575
 - (c) for non-practising registration \$75
 - (d) for temporary registration
 - (i) sports related \$75
 - (ii) all others \$150
 - (e) for late renewal \$200
- on a quarterly basis for a registrant who practises less than a full year, including a registrant who discontinues practice for reasons of a maternity or paternity leave.
7. **Incorporation fees:**
- (a) for initial permit \$150
 - (b) for permit renewal \$75
 - (c) late renewal fee \$150
8. **Provision of paper copy of Annual Report under section 40:**
- per copy \$15
9. **Office assessment fee:** \$350

3. Schedule “D” is repealed and replaced by the following:

**SCHEDULE “D” Costs
(section 69)**

INVESTIGATIONS TARIFF

For the purposes of calculating costs under this tariff, an investigation is deemed to run from the time the registrar receives a complaint in writing under subsection 32(1) of the *Act* until the inquiry committee takes action under subsection 33(6)(b) or (c) of the *Act* or the registrar issues a citation under section 37 of the *Act*.

<i>Expense</i>	<i>Rate of indemnity</i>
Legal representation for the purposes of the investigation	up to 50% of actual legal fees
Other reasonable and necessary professional services contracted for the purposes of the investigation	100% of actual fees
Other reasonable and necessary disbursements incurred for the purposes of the investigation (including disbursements incurred by legal counsel)	100% of actual disbursements

DISCIPLINARY HEARING TARIFF

elected as a member of the board of the College in accordance with the *Health Professions Act* and the bylaws of the College. The term of office as a member of the board of the College will commence on the _____ day of _____, _____, and terminate on the date of the College's _____ annual general meeting

(month)

(year)

(year)

annual general meeting

GIVEN under the seal of the College at _____, British Columbia,

this _____ day of _____, _____.

(month)

(year)

5. Form 3 is repealed and replaced by the following:

**FORM 3 Statutory declaration
(sections 44, 46 and 48)**

IN THE MATTER OF AN APPLICATION FOR REGISTRATION IN THE COLLEGE
OF CHIROPRACTORS OF BRITISH COLUMBIA

I, _____, of _____

(applicant's name)

(address)

in the city of _____, in the Province/State of _____

_____ do solemnly declare that:

- 1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the *Health Professions Act*, R.S.B.C. 1996, c. 183, would constitute unprofessional conduct or conduct unbecoming a person registered under these bylaws except as follows:

- 2. My past conduct does not demonstrate any pattern of incompetency or untrustworthiness which would make registration contrary to the public interest.
- 3. I am a person of good character.
- 4. My entitlement to practise chiropractic or any other health profession has not been limited, restricted or subject to conditions in any jurisdiction at any time except as follows:

5. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise chiropractic or any other health profession in that jurisdiction except as follows:

6. I have read the *Health Professions Act* and the regulations and bylaws of the College of Chiropractors of British Columbia made under that *Act*.

7. I will practise at all times in compliance with the *Health Professions Act* and the regulations and bylaws of the College of Chiropractors of British Columbia made under that *Act*.

AND I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant

Declared before me at: _____, _____ on
(city) (province/state)

this ____ day of _____,
(month) (year)

Signature and Seal: _____
(Judge, Notary Public, Justice of the Peace or Commissioner authorized to take such Affidavits)

6. Form 4 is repealed and replaced by the following:

(a) hard copy form:

FORM 4(a) Application for Registration Renewal (hard copy form)
(sections 45, 48 and 52)

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA
APPLICATION FOR REGISTRATION RENEWAL

You must complete Form 4 as part of your registration renewal. A summary of the other requirements for renewing your registration, entitled "Renewal Information Form", is mailed annually to all full and non-practicing registrants together with a notice for payment of registration renewal dues. The summary can also be obtained by contacting the College office at info@bcchiro.com or can be viewed on-line on the Member News page of the Member Extranet. All outstanding dues, fees, debts and levies must be paid before your application will be processed.

1. Personal Information (The name, mailing address, and email address you provide will be used to advise you on all matters related to this application and of College information.)

1. Surname: _____
2. First name: _____
3. Middle name: _____
4. Birth date (mm/dd/yyyy): _____
5. Maiden name (if applicable): _____
6. Street address (and apartment number, if any): _____

7. City: _____
8. Province/State: _____
9. Country: _____
10. Postal/zip code: _____
11. Daytime phone: _____
12. Evening phone: _____
13. Fax (if available): _____
14. Email (if available): _____

2. Registration Renewal Category

15. I am applying for renewal of my registration as:
- (a) a full registrant
 - (b) a limited registrant
 - (c) a non-practicing registrant

(d) a temporary registrant

3. Status and Practice Declaration A

16. You only need to complete this declaration if you are applying for renewal of your registration as a **FULL REGISTRANT** or a **NON-PRACTICING REGISTRANT**.

I am in compliance with the provisions of the *Health Professions Act*, the applicable regulations under that *Act*, and the bylaws of the College of Chiropractors of British Columbia.

I have read and understood the above statement and declare it to be true:

Signature: _____

4. Status and Practice Declaration B

18. You only need to complete this declaration if you are applying for renewal of your registration as a **FULL REGISTRANT** and if the **College of Chiropractors of BC has imposed limits or conditions on your practice**.

I am in compliance with any and all limits or conditions on my practice imposed further to my registration with the College of Chiropractors of British Columbia, by agreement with the registrar, by undertaking to or order of the inquiry committee, or by imposition or order of the discipline committee.

I have read and understood the above statement and declare it to be true:

Signature: _____.

(b) electronic form:

FORM 4(b) - Application For Registration Renewal (on-line form)

You must complete Form 4 as part of your registration renewal. A summary of the other requirements for renewing your registration, entitled "Renewal Information Form", is mailed annually to all full and non-practicing registrants together with a notice for payment of registration renewal dues. The summary can also be obtained by contacting the College office at info@bcchiro.com or can be viewed on-line on the Member News page of the Member Extranet. All outstanding dues, fees, debts and levies must be paid before your application will be processed. Following completion and electronic submission of this form, it will no longer be visible when you log into the Member Extranet, so be sure that you have answered correctly before submitting the form.

1. Personal Information

(The name, mailing address, and email address you provide will be used to advise you on all matters related to this application and of College information.)

1. Surname

2. First

3. Middle

4. Birth Date mm/dd/yyyy

5. Maiden Name (if applicable)

6. Street Address (with apartment number, if any)

7. City

8. Province/State

9. Country

10. Postal / Zip Code

11. Daytime Phone

12. Evening Phone

13. Fax if available

14. E-Mail if available

2. Registration Renewal Category

15. I am applying for renewal of my registration as:

- A) a full registrant
- B) a limited registrant
- C) a non-practicing registrant
- D) a temporary registrant

3. Status and Practice Declaration A

16. You only need to complete this declaration if you are applying for renewal of your registration as a **FULL REGISTRANT** or a **NON-PRACTICING REGISTRANT**.

I am in compliance with the provisions of the Health Professions Act, the applicable regulations under that Act, and the bylaws of the College of Chiropractors of British Columbia.

You must check both statements to complete this declaration.

a) I have read and understood the above statement

17.

b) I declare the above statement to be true

Status and Practice Declaration B

18. You only need to complete this declaration if you are applying for renewal of your registration as a **FULL REGISTRANT** and if the **College of Chiropractors of BC has imposed limits or conditions on your practice**.

I am in compliance with any and all limits or conditions on my practice imposed further to my registration with the College of Chiropractors of British Columbia, by agreement with the registrar, by undertaking to or order of the inquiry committee, or by imposition or order of the discipline committee.

You must check both statements to complete this declaration.

a) I have read and understood the above statement

19.

b) I declare the above statement to be true

Thank you for completing the online version of Form 4, Application For Registration Renewal. Please refer to your CCBC dues notice for payment information.

Once you have completed all required questions above, check over your answers one last time, and then submit your answers

by clicking the submit button:

Submit your answers now

Or, you may choose to save your current answers in progress, and postpone using the button below. In this case, you can come back to the site later to complete this questionnaire:

Postpone and save your answers in progress

7. Form 5 is repealed and replaced by the following:

**FORM 5 Certificate of registration
(section 49)**

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Certificate No. _____

CERTIFICATE OF REGISTRATION

The board of the College of Chiropractors of British Columbia hereby certifies that

_____ of _____
(registrant's name) (address)

in the City of _____, Province of British Columbia, has met the conditions and requirements provided for in the bylaws of the College made under the *Health Professions Act*, and is duly qualified as a _____ registrant of the College of Chiropractors of British Columbia.

[Add one of the following descriptions of limits or conditions applying to the registrant's class of registration, as appropriate:

A Limited Registrant:

- (1) may only provide chiropractic services under the general supervision of a full registrant; and*
- (2) must not delegate any aspect of practice involving patient assessment or treatment.*

A Student Registrant:

- (1) may do the following only under the general supervision of a full registrant:*
 - (a) observation of an aspect of practice;*
 - (b) monitoring and directing patient rehabilitation or exercise program; and*
 - (c) office management functions;*
- (2) may do the following only under the direct supervision of a full registrant:*

- (a) examination of patients, history taking, x-ray marking, developing a treatment plan, and delivery of the registrant's report of findings and treatment plan; and
- (b) performing a restricted activity specified in section 4 of the Chiropractors Regulation and application of any other therapeutic modalities or treatments;
- (3) must not delegate any aspect of practice involving patient assessment or treatment; and
- (4) must not:
 - (a) vote or be elected in an election for the College Board;
 - (b) be appointed to, or serve on, any committee established under the Bylaws, or
 - (c) vote at a general meeting of the College.

Whenever a student registrant provides chiropractic services under (1) or (2) above, the supervising full registrant remains ultimately responsible for the patient's health.

A Non-practicing Registrant:

- (1) must not:
 - (a) provide chiropractic services in British Columbia;
 - (b) vote or be elected in an election for the College Board; or
 - (c) vote at a general meeting of the College; but
- (2) may be appointed to, and serve on, any committee established under the Bylaws.

A Temporary Registrant:

- (1) may, for up to 90 days, provide chiropractic services in British Columbia as though he or she is a full registrant, but
- (2) must not:
 - (a) vote or be elected in an election for the College Board;
 - (b) be appointed to, or serve on, any committee established under the Bylaws, or
 - (c) vote at a general meeting of the College.]

GIVEN under the seal of the college at _____, British Columbia,
this _____ day of _____, _____.
(month) (year)

8. Form 6 is repealed and replaced by the following:

**FORM 6 Application for reinstatement
(sections 53-55)**

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA
APPLICATION FOR REINSTATEMENT

A summary of the requirements for reinstatement is provided in the attached "Application for Reinstatement Information Form".

All required documentation must be received before your application will be processed.

Please type or print clearly: The name and address stated below will be used to advise you on all matters related to this application.

1. Personal Information

Name: _____

(Surname)

(First)

(Middle)

Birth date: (mm/dd/yyyy) _____ Maiden name: _____

Address: _____
(Number & Street) (City)

(Province/State) (Country) (Postal / Zip code)

Phone: (Daytime) _____ Phone: (Evening) _____

2. Reinstatement Category

I am applying for reinstatement:

- (a) under section 53 of the Bylaws
- (b) under section 54 of the Bylaws
- (c) under section 55 of the Bylaws

Signature of Applicant: _____

Date of Signature: _____

9. The following form is added as Form 9:

**FORM 9 Renewal of permit
(section 77)**

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA
APPLICATION FOR RENEWAL OF HEALTH PROFESSION
CORPORATION PERMIT

1. Changes to information in permit application form

Check one of the following and provide information as necessary.

- (a) There are no changes to the information I provided in my application for a health profession corporation permit that I have not already advised the Board of the College about in writing.
- (b) The information provided in my application for a health profession corporation permit has changed as follows (please type or print clearly):

2. Renewal fee

A certified cheque or money order in the amount of \$75 is attached:

3. Declaration

I hereby declare that to the best of my knowledge and belief, the answers I have provided and statements I have made in this application form are correct and true.

Signature of Applicant: _____

Date of Signature: _____

10. The following form is added as Form 10:

**FORM 10 Application for return to full registration
(section 47(4))**

**COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA
APPLICATION FOR RETURN TO FULL REGISTRATION**

A summary of the requirements for return to full registration is provided in the attached "Application for Return to Full Registration Information Form".

All required documentation must be received before your application will be processed.

Please type or print clearly: The name and address stated below will be used to advise you on all matters related to this application.

1. Personal Information

Name: _____
(Surname) (First) (Middle)

Birth date: *(mm/dd/yyyy)* _____ Maiden name: _____

Address: _____
(Number & Street) *(City)*

(Province/State) *(Country)* *(Postal / Zip code)*

Phone: *(Daytime)* _____ Phone: *(Evening)* _____

2. Return to Full Registration Category

I am applying for return to full registration:

- (a) after not having been a full registrant for less than 3 years
- (b) after not having been a full registrant for 3 years or longer

Signature of Applicant: _____

Date of Signature: _____