PROVINCE OF BRITISH COLUMBIA

Ministerial Order No. M 140

ORDER OF THE MINISTER OF HEALTH

Health Professions Act

I, Brian Westgate, 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 December 23, 2014 come into force on May 21, 2015.

Date: May 21, 2015

Brian Westgate
Director, Professional Regulation
Ministry of Health

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 23RD DAY OF DECEMBER 2014 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:

[Signature]

Diana MacKay
Registrar, College of Chiropractors of BC

FILED
MINISTRY OF HEALTH
MAY 21 2015
SIGNATURE: [Signature]
NAME: BRIAN WESTGATE
TITLE: DIRECTOR REGULATORY INITIATIVES
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. The definition of “appointed board member” in Section 1 is repealed and replaced by the following:

   “appointed board member” means a person appointed to the board under section 17(3)(b) of the Act;

2. The definition of “chair” in Section 1 is repealed and replaced by the following:

   “chair” means the chair of the board elected under section 11;

3. The definition of “elected board member” in Section 1 is repealed and replaced by the following:

   “elected board member” means a person elected to the board under section 17(3)(a) of the Act or appointed to the board under section 10;

4. The following definition of “registrant” is added to Section 1:

   “registrant” means a person granted registration as a member of the college;

5. The following definition of “registrar” is added to Section 1:

   “registrar” means the registrar for the college;

6. Section 3(2) is repealed and replaced by the following:

   (2) The number of elected board members from each electoral district is as follows:

   (a) Lower Mainland – 6;

   (b) Vancouver Island – one;

   (c) Interior – one.

7. Section 6 is repealed and replaced by the following:

   Nomination procedure

   6. (1) Any registrant eligible to vote under section 4 may nominate for office a
maximum of one registrant in good standing, who is not the subject of an investigation by the inquiry committee under section 33 of the Act or an unresolved citation issued by the registrar under section 37 of the Act, for each vacant or impending vacant board member position in his or her electoral district, by delivering such nomination and election to the registrar, together with a letter of consent from the person nominated, at least 90 days prior to the expiry of the term of office.

(2) A person nominated under subsection (1) must declare in writing that he or she will observe the provisions of the Act, the regulations and these bylaws and the procedures related to the election and the conduct of the election.

8. **Section 7 is repealed and replaced by the following:**

**Election procedure**

7. (1) At least 60 days prior to the expiry of the term of office, the registrar must prepare and deliver to each registrant eligible to vote under section 4

(a) an election ballot, and

(b) a notice of

   (i) the time and date by which the ballot must be received by the college, and

   (ii) the procedure for completing and delivering the ballot.

(2) Each registrant eligible to vote under section 4 is entitled to one election ballot and may vote in favour of one candidate for each vacant or impending vacant board member position in his or her electoral district that is to be elected on such ballot.

(3) The registrar must not count the vote of a registrant under subsection (2) unless the registrant’s election ballot is

(a) received by the registrar at least 30 days prior to the expiry of the term of office, and

(b) cast using the procedure for completing and delivering a ballot specified in the notice under subsection (1)(b).

(4) The person or persons receiving the most votes on the return of the ballots is elected.

(5) In the case of a tie vote, the registrar must select the successful candidate by random draw.
(6) The registrar must supervise and administer all board elections and may establish additional election procedures, consistent with these bylaws, for that purpose.

(7) The registrar may determine any dispute or irregularity with respect to any nomination, ballot or election.

(8) If the number of persons nominated in an electoral district under section 6 is less than or equal to the number of vacant or impending vacant board member positions in the electoral district at the close of nominations, the nominees in that electoral district are elected by acclamation.

(9) The registrar must use Form 1 to certify newly elected members of the board under section 17.1(1) of the Act.

9. Section 11 is repealed and replaced by the following:

Chair

11. (1) At the first meeting of the board following an election under section 17(3)(a) of the Act, the board members must elect a chair by a majority vote for a one year term.

(2) The chair must

(a) preside at all meetings of the board and all general meetings of the college,

(b) sign all certificates, diplomas and other instruments executed on behalf of the college together with such other officers as required by the board,

(c) sign the minutes of each meeting after they are approved by the board, and

(d) act generally in accordance with the requirements of his or her office for the proper carrying out of the duties of the board.

10. Section 12 is repealed and replaced by the following:

Vice-chair and acting chair

12. (1) At the first meeting of the board following an election under section 17(3)(a) of the Act, the board members must elect a vice-chair by a majority vote for a one year term.

(2) The vice-chair must perform the duties of the chair in the absence of or as requested by the chair.
In the absence of both the chair and the vice-chair, an acting chair for a board meeting must be elected by a majority vote of the board members present.

11. Section 13(5) is repealed and replaced by the following:

(5) The board may exclude any person from any part of a meeting if it is satisfied that one or more of the following matters will be discussed:

(a) financial or personal or other matters of such a nature that the interest of any person affected or the public interest in avoiding public disclosure of those matters outweighs the public interest in board meetings be open to the public,

(b) information concerning an application by any individual for registration under section 20 of the Act, the disclosure of which would be an unreasonable invasion of the applicant’s personal privacy,

(c) information concerning a complaint against, or an investigation of, any individual under Part 3 of the Act, the disclosure of which would be an unreasonable invasion of the individual’s personal privacy,

(d) information the disclosure of which may prejudice the interests of any person involved in

(i) a proceeding under the Act, including a disciplinary proceeding under Part 3 of the Act or a review under Part 4.2 of the Act, or

(ii) any other criminal, civil or administrative proceeding,

(e) personnel matters,

(f) property acquisitions or disposals,

(g) the contents of examinations,

(h) communications with the Office of the Ombudsman,

(i) instructions will be given to or opinions received from legal counsel under section 32, or any other matter that is subject to solicitor-client privilege,

(j) information that the college would be required or authorized to refuse to disclose to an applicant making a request for records under Part 2 of the Freedom of Information and Protection of Privacy Act, or

(k) information that the college is otherwise required by law to keep confidential.
12. Section 13(11) is repealed and replaced by the following:

(11) If some or all of the members of the board are unable to meet in person, the board may meet and conduct business using video-conference, tele-conference and internet conference connections, in writing, using any other electronic means or using any combination of these.

13. Section 28(2) is repealed and replaced by the following:

(2) Subject to subsection (3), all payments and commitments by the college in excess of $10,000 must be approved by the registrar and one board member designated by the board.

14. Section 33(2) is repealed and replaced by the following:

(2) An annual general meeting must be held at least once in every calendar year and not more than 15 months after the holding of the last preceding annual general meeting.

15. Section 35(4) is repealed and replaced by the following:

(4) Except as provided under section 29, all resolutions under this section are for the consideration of the board and are not binding on the board.

16. Schedule “A” is repealed and replaced by the following:

SCHEDULE “A” Electoral districts
(section 3)

The boundaries for the 3 electoral districts established by section 3 of these bylaws are as follows:

(1) “Lower Mainland” is all that part of British Columbia lying East of the Strait of Georgia, and South of the 50th parallel of North latitude, and West of the 121st meridian;

(2) “Vancouver Island” is all that part of British Columbia lying West of the 123rd meridian, except that part described as the Lower Mainland; and

(3) “Interior” is all that part of British Columbia lying East of the 123rd meridian, except that part described as the Lower Mainland.
17. Schedule “C” is repealed and replaced by the following:

**SCHEDULE “C”**

<table>
<thead>
<tr>
<th>Fees</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(ii) from full registration to non-practising registration</td>
<td>$75</td>
</tr>
<tr>
<td>(iii) from non-practising to full registration</td>
<td>$320</td>
</tr>
<tr>
<td>(b) for reinstatement under section 53 (including fees for renewal):</td>
<td></td>
</tr>
<tr>
<td>(i) to full registration</td>
<td></td>
</tr>
<tr>
<td>(1) for second year registrants</td>
<td>$775</td>
</tr>
<tr>
<td>(2) for third year registrants</td>
<td>$875</td>
</tr>
<tr>
<td>(3) for all other registrants</td>
<td>$1750</td>
</tr>
<tr>
<td>(ii) to non-practising registration</td>
<td>$275</td>
</tr>
<tr>
<td>(c) for reinstatement under section 54:</td>
<td></td>
</tr>
<tr>
<td>(i) to full registration</td>
<td>$320</td>
</tr>
<tr>
<td>(ii) to non-practising registration</td>
<td>$75</td>
</tr>
<tr>
<td>(d) for reinstatement under section 55:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$320</td>
</tr>
</tbody>
</table>

4. **Registration renewal fees:**

<table>
<thead>
<tr>
<th>Fees</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) second year registrants</td>
<td>$575</td>
</tr>
<tr>
<td>(ii) third year registrants</td>
<td>$675</td>
</tr>
<tr>
<td>(iii) all other full registrants</td>
<td>$1550</td>
</tr>
<tr>
<td>(b) for limited registration</td>
<td>$575</td>
</tr>
<tr>
<td>(c) for non-practising registration</td>
<td>$75</td>
</tr>
<tr>
<td>(d) for temporary registration</td>
<td></td>
</tr>
<tr>
<td>(i) sports related</td>
<td>$75</td>
</tr>
<tr>
<td>(ii) all others</td>
<td>$150</td>
</tr>
<tr>
<td>(e) for late renewal</td>
<td>$200</td>
</tr>
</tbody>
</table>

5. **Changes in registration status and reinstatement:**

<table>
<thead>
<tr>
<th>Fees</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) for change in registration status:</td>
<td></td>
</tr>
<tr>
<td>(i) from limited registration to full registration</td>
<td>$320</td>
</tr>
</tbody>
</table>

6. **Prorating of fees:**

Fees listed in sections 3(a) and (b), 4(a) and (b), and 5(b)(i) of this Schedule will be prorated 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:**

<table>
<thead>
<tr>
<th>Fees</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) for initial permit</td>
<td>$150</td>
</tr>
<tr>
<td>(b) for permit renewal</td>
<td>$75</td>
</tr>
<tr>
<td>(c) late renewal fee</td>
<td>$150</td>
</tr>
</tbody>
</table>

8. **Provision of paper copy of Annual Report under section 40:**

<table>
<thead>
<tr>
<th>Fees</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>per copy</td>
<td>$15</td>
</tr>
</tbody>
</table>

9. **Office assessment fee:**

<table>
<thead>
<tr>
<th>Fees</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$350</td>
</tr>
</tbody>
</table>
18. Form 1 is repealed and replaced by the following:

FORM 1  Certificate of Election  
(section 7)  

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA  
CERTIFICATION OF ELECTION  

Certificate No. ____________  

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 been  
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 ________________  
(month)  (year)  

annual general meeting.  

GIVEN under the seal of the College at ________________________, British Columbia,  
this __________ day of ______________________, ________________.

(month)  (year)
19. Form 2 is repealed and replaced by the following:

FORM 2  Application for registration
(sections 44-46, 48)

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA
APPLICATION FOR REGISTRATION

Additional information on the requirements for registration is available on the College website
page or can be obtained by contacting the College office.

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 including notification of exam results.

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) _________________

Fax: __________________________ E-mail: __________________________

2.  Registration Category

I am applying for registration as:
(a) a full registrant □
(b) a student registrant □
(c) a temporary registrant □

3.  Educational Information

(a) Chiropractic College(s):

Name: __________________________ attended from: __________ to: __________
Name: ______________________ attended from: ______ to: ______

(b) Other post-secondary education:

Name: ______________________ attended from: ______ to: ______

degree or standing attained: ______________________________________

Name: ______________________ attended from: ______ to: ______

degree or standing attained: ______________________________________

4. Declarations

(a) Have you ever been expelled or suspended from a post-secondary institution?
   
   □ yes □ no

   (If yes, please provide details on a separate page and attach.)

(b) Have you ever applied to write the CCBC jurisprudence examination before?
   
   □ yes □ no

   If yes, when? __________________________

(c) Have you ever been registered or licensed to practise chiropractic or any other health profession in any other jurisdiction(s)?
   
   □ yes □ no

   (If yes, please list all dates and locations on a separate page and attach.)

(d) Have you ever been refused a license in another jurisdiction?
   
   □ yes □ no

   (If yes, please provide details, including dates, on a separate page and attach.)

(e) Have you ever been the subject of a complaint to a body responsible for the regulation of chiropractic or any other health profession in connection with your professional conduct?
   
   □ yes □ no

   (If yes, please provide the details of the complaint and its disposition by the governing body on a separate page and attach.)

(f) Have you ever been sued for damages resulting from or related to your practice of chiropractic or another health profession?
   
   □ yes □ no
(If yes, please provide details on a separate page and attach.)

(g) Are you presently aware of any potential liability claims that may be brought against you?

☐ yes  ☐ no

(If yes, please provide details on a separate page and attach.)

(h) Have you ever been charged with an offence under the Criminal Code, or under any statute governing a health profession?

☐ yes  ☐ no

(If yes, please provide details on a separate page and attach.)

(i) Are you aware of any current investigations or situations that may result in such charges?

☐ yes  ☐ no

(If yes, please provide details on a separate page and attach.)

If there are any other facts or special circumstances that the CCBC should be made aware of in considering your application for registration provide details on a separate page and attach.

5. Solemn Declaration

I, ____________________________, of ____________________________,

(applicant's name) (address)

in the City of _________________ and Province/State of ____________________________,

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

Signature of Applicant: ____________________________

Declared before me at: ____________________________, in the City of ____________________________,

and Province/State of ____________________________, this ___ day of ____________________________, ________.

(month) (year)

Signature and Seal: ____________________________

(Judge, Notary Public, Justice of the Peace or Commissioner authorized to take such Affidavits)
20. Form 3 is repealed and replaced by the following:

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

THE COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA
REGISTRATION DECLARATION

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 unbefitting 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: __________________________, __________________________.
(city) (province/state)

on this _____ day of __________________________, __________________________.
(month) (year)

______________________________
Signature and Seal:

(Judge, Notary Public, Justice of the Peace or Commissioner authorized to take such Affidavits)
21. Form 4(a) is repealed and replaced by the following:

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. Additional information on
the requirements for renewing your registration is available on the College website or can be
obtained by contacting the College office. 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 for delivery of all
subsequent information from the College.)

Surname: _________________________________________________________

First name: _______________________________________________________

Middle name: _____________________________________________________

Birth date (mm/dd/yyyy): ___________________________________________

Maiden name (if applicable): _______________________________________

Street address (and apartment number, if any): _________________________

_________________________________________________________________

City: _____________________________________________________________

Province/State: ___________________________________________________

Country: _________________________________________________________

Postal/zip code: ___________________________________________________

Daytime phone: ___________________________________________________

Evening phone: ___________________________________________________

Fax (if available): _________________________________________________

Email (if available): _______________________________________________
2. Registration Renewal Category

I am applying for renewal of my registration as:

(a) a full registrant  □
(b) a limited registrant □
(c) a non-practising registrant □
(d) a temporary registrant □

3. Status and Practice Declaration A

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

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: __________________________________________

Signature of Applicant: ________________________________________

Date of Signature: _______________________________
22. Form 4(b) is repealed and replaced by the following:

FORM 4 Application for Registration Renewal

You must complete Form 4 as part of your registration renewal. Additional information on the requirements for renewing your registration is found on the College website or can be obtained by contacting the College office. All outstanding dues, fees, debts and levies must be paid before your application will be processed.

Once you complete and submit Form 4, it will not appear on subsequent login.

Section 1: Personal Information

This information has been pre-filled from your records on file. Please review carefully and update as necessary. (The name, mailing address and email address you provide will be used to advise you on all matters relating to this application, and for delivery of all subsequent information from the College.)

Surname:

First name:

Middle name:

Birth Date:

YYYY  MMM  DD

Maiden name:

(If applicable)

Country:

Canada

Street address:

City:

Province:

Please select

Postal code:

Email address:

Daytime phone:

Evening phone:

Fax number:
Section 2: Registration renewal

I am applying for renewal of my registration as:

- a full registrant
- a limited registrant
- a non-practising registrant
- a temporary registrant

Status and Practice Declaration A

You only need to complete this declaration if you are applying for renewal of your registration as a FULL REGISTRANT or a NON-PRACTISING 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 complete the following two declarations:

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

Status and Practice Declaration B

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 complete the following two declarations:

- I have read and understood the above statement
- 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 20[XX] CCBC dues notice for payment information.
23. Form 5 is repealed and replaced by the following:

FORM 5  Certificate of registration
(section 49)

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA
CERTIFICATE OF REGISTRATION

Certificate No. __________

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.

[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-practising 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.

[Add the following if the certificate is being prepared for a limited, student or temporary registrant:

This Certificate is valid until, ________________________________.

(date)]

**GIVEN** under the seal of the College at __________________________, British Columbia,

this _____________ day of ______________________, _____________.

(month) (year)
24. 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

Additional information on the requirements for reinstatement is available on the College website or can be obtained by contacting the College office.

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: ____________ Maiden name: ____________________________ (mm/dd/yyyy)

(if applicable)

Address: ____________________________ (Number & Street) ____________________________ (City)

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

Phone: (Daytime) ____________________________ Phone: (Evening) ____________________________

Fax: ____________________________ E-mail: ____________________________

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: ____________________________
25. Form 8 is repealed and replaced by the following:

FORM 8    Application for permit
(Section 75)

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

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. Applicant’s personal Information

Name: ____________________________________________
       (Surname)                                      (First)       (Middle)

Address: ____________________________________________
         (Number & Street)                             (City)

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

Phone: (Daytime) ________________________________ Phone: (Evening) ________________________________

Fax: ________________________________ E-mail: ____________________________________________

2. Corporation Information

Name of the corporation: ____________________________________________________________
                          ____________________________________________________________ (the “Corporation”)

Business address (if different from the address of the applying registrant provided above):

_______________________________________________________
       (Number & Street)                             (City)       (Postal / Zip code)

Phone: ________________________________ Fax: ________________________________

3. Status of corporation

(a) Is the Corporation a company within the meaning of the Business Corporations Act?
   ☐ yes ☐ no

(b) Is the Corporation in good standing under the Business Corporations Act?
(c) All voting shares of the Corporation are legally and beneficially owned by:
Name | Relation to applicant
--------------------------------- | -----------------------------------

(If a legal and beneficial owner is a company, please describe the legal and beneficial owners of the voting and non-voting shares of that company on a separate page and attach.)

(d) All non-voting shares of the Corporation are legally and beneficially owned by:
Name | Relation to applicant
--------------------------------- | -----------------------------------

(If a legal and beneficial owner is a company, please describe the legal and beneficial owners of the voting and non-voting shares of that company on a separate page and attach. If the non-voting shares are held in trust, please describe the beneficiaries of the trust, the law governing the trust, and the residence of trustee, and confirm that the trustee has been approved by the College of Chiropractors of British Columbia (the "CCBC") board.)

(e) Do the articles of the Corporation provide for the disposition, in accordance with section 43 of the Act, of the shares of a shareholder who dies, ceases to be a registrant or who ceases to be qualified to practise chiropractic?

☐ yes  ☐ no

(f) The directors of the corporation are:
Name | Registration number
--------------------------------- | -----------------------------------

--------------------------------- | -----------------------------------

--------------------------------- | -----------------------------------

--------------------------------- | -----------------------------------
(g) Will all people who will be providing services on behalf of the corporation be registrants of the college or are under the supervision of a registrant of the college?
   □ yes  □ no

(h) Has the health profession corporation previously had its permit revoked?
   □ yes  □ no

(i) Was any shareholder, director or officer of the health profession corporation, a shareholder, director or officer of a health profession corporation that previously had its permit revoked?
   □ yes  □ no

4. Required documentation/fee

(a) A true copy of the certificate of incorporation of the Corporation is attached: □

(b) A cheque or money order in the amount of $150 is attached: □

5. 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: ___________________________
26. Form 10 is repealed and replaced by the following:

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

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

Additional information on the requirements for return to full registration is available on the
College website or can be obtained by contacting the College office.

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) __________________________

Fax: __________________________ E-mail: __________________________

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
    consecutive years  □

(b) after not having been a full registrant for 3 consecutive
    years or longer  □

Signature of Applicant: ____________________________________________

Date of Signature: __________________________
27. The following form is added as Form 11:

FORM 11  Application for transition to non-practising registration
(section 47(1))

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA
APPLICATION FOR TRANSITION TO NON-PRACTISING REGISTRATION

Additional information on the requirements for transition to non-practising registration is available on the College website or can be obtained by contacting the College office.

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: _____________________  Maiden name: ___________________
    (mm/dd/yyyy)  (if applicable)

Address: ____________________________________________
    (Number & Street)  (City)

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

Phone: (Daytime) _____________________  Phone: (Evening) ________________

Fax: _____________________  E-mail: _____________________

2. Location of Files

The College sometimes receives inquiries from patients trying to obtain copies of their clinical records from registrants who are no longer in active practice. Please indicate what you intend to do with the clinical records from your practice:

(a) retain in my possession  ☐
    location where will be stored: ________________________________

(b) with another CCBC Registrant  ☐
    name/contact information: ________________________________

Signature of Applicant: ________________________________

Date of Signature: ________________________________
28. The following form is added as Form 12:

FORM 12  Statutory declaration – non-practising registration
(section 47)

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA
NON-PRACTISING REGISTRATION DECLARATION

I, _______________________________, of _______________________________
(applicant's name) (address)

in the city of _______________________________, in the Province of British Columbia, do
solemnly declare that I will not provide chiropractic services in British Columbia while I am
registered as a non-practising registrant of the College of Chiropractors of British Columbia.

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: ________________________________, in the City
(address)

of _______________________________, and Province/State of _______________________________,

this ______ day of ____________________, ____________.
(month) (year)

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