



**Canadian Chiropractic Examining Board
Conseil Canadien des Examens Chiropratiques**

Centre 70 – Suite 705, 7015 Macleod Trail SW
Calgary, Alberta T2H 2K6
Phone (403) 230-5997 • volunteers@cceb.ca

Volunteer Application

Requirements:

To become a volunteer for the CCEB, chiropractors must have been in practice for a minimum of one year in a Canadian jurisdiction and be a member in good standing in their province of practice. Volunteers must not be on faculty at any chiropractic college, or have a personal or business relationship with any of the candidates.

First name:		Last name:	
Previous last name:			
Home address:		City:	
Province:		Postal code:	
Phone (cell):		Phone (work):	
Email*:			
Gender		Chiropractic college attended	
Canadian licensure (mm/yy)			
Licensure Province(s)			
Certified in First Aid	Yes:	No:	Year Certified:

Please let us know if you have any physical conditions that would impact your ability to fulfil the responsibilities of an SCTP in our Comp C Exams in any of our stations.

Please explain reason: _____

NOTE:

PLEASE DO NOT MAIL IN OR FAX YOUR COMPLETED VOLUNTEER APPLICATION.. PLEASE SCAN IT AND EMAIL TO VOLUNTEERS@CCEB.CA. YOU CAN ALSO TAKE PICTURES OF YOUR COMPLETED VOLUNTEER FORM AND EMAIL THEM TO VOLUNTEERS@CCEB.CA .



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Language(s): (fluency required)

English French

Please indicate your interest for the coming year (select all that apply) *:

Comp C exam	Item writing	Acceptable competence level
February		
May		
October		

NOTE: we use various different criteria to select volunteers and can not guarantee you will be selected.

I am interested in becoming a governor for the CCEB? (If YES please explain why use additional space if required):

Any additional comments:

DISCLOSURES

Please initial all that apply:

Initial	Disclosures & Statement of Good Standing
	I am a member in good standing of the provincial licensing body(ies) listed herein and have no outstanding issues or disciplinary matters pending.
	I have not participated in any examination preparatory course in the last five (5) years.
	I am not a member of the faculty, administration or Board of Directors of a chiropractic educational institution.
	To my knowledge, I have no relationship, of any kind, with any candidate being examined within 24 months of signing this disclosure. I shall disclose immediately to CCEB staff any relationship as it may arise.
	There are no impediments of a physical or mental nature which restrict me from carrying out my responsibilities.
	I have read, understood, acknowledge and agree to adhere to the CCEB statement of confidentiality.



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	I have read, understood, acknowledge and agree to adhere to the CCEB expense policy.
	I have read, understood, acknowledge and agree to adhere to the CCEB code of conduct.
	I acknowledge that CCEB volunteers are not compensated, excepting expenses, as outlined in the expense policy.
	I acknowledge that the CCEB uses technology, both audio and video, in support of quality assurance, validity, and transparency in the examination process and consent that I may be remotely observed and/or recorded.
	Optional: I acknowledge that the CCEB may take photographs of volunteers in the course of their volunteer activities, these images may be posted on the website, and used in promotional and marketing materials at the discretion of the CCEB and I consent to the capture and use of my image.

Have you been found guilty of professional misconduct, or are you presently involved in a misconduct claim, civil suit, administrative or criminal action? Yes ___ No ___

(If "YES", provide details use additional space if required)

Signature

Date