



APPLICATION FOR LOCUM REGISTRATION

PART 1 – CONTACT INFORMATION

Name	License #
Address	
Phone	Fax
E-mail (for official CAS communications)	

Yes  No That I am a member in good standing of the Chiropractors' Association of Saskatchewan.  
**IF THIS IS THE CASE, PLEASE SIGN AND FORWARD THIS FORM [NO NOTARIZATION REQUIRED]**

IF NOT A CAS MEMBER PLEASE ANSWER THE FOLLOWING:

PART 2 – LICENSING INFORMATION

Yes  No 1. That I attended and satisfactorily completed the requirements of the Accredited Chiropractic College or University named: \_\_\_\_\_ and received the diploma/degree of \_\_\_\_\_ on \_\_\_\_\_ 19/20\_\_\_\_.

If "no" please provide details on a separate page.

2. That I will [ ], or will not [ ], reside in Saskatchewan;

3. That I have practiced in the following jurisdictions in these years listed: \_\_\_\_\_ and that I now hold Registrations or Licenses in: \_\_\_\_\_ year:\_\_\_\_\_.

**If you answer "yes" to any of the following questions please provide details on a separate page.**

Yes  No 4. That I have been arrested or charged on any offence under The Criminal Code of Canada, The Narcotic Control Act, The Food and Drug Act, The Securities Act of any Province of Canada, or any legislation similar to any of the foregoing in any other jurisdiction, or have been a defendant in a civil action relating to fraud;

Yes  No 5. That I have had my license to practice chiropractic or my registration suspended or revoked or have I received any fines or reassessments in any jurisdictions or in any other profession;

**CHIROPRACTORS' ASSOCIATION OF SASKATCHEWAN  
APPLICATION FOR LOCUM REGISTRATION**

FORM 2

Yes  No 6. That I have been denied or revoked any license or permit, the procurement of which required proof of good character;

Yes  No 7. That a charge is pending against me in respect of alleged conduct for which I could be struck from the Register or suspended from the practice of chiropractic;

**PART 3: DECLARATION**

THAT I, \_\_\_\_\_, the Applicant in the above application for Registration DO SOLEMNLY DECLARE that the statements contained in my Application are complete and true in every respect. 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.

X \_\_\_\_\_  
(Signature of Applicant) (Date)

**PART 4: NOTARIZATION**

DECLARED before me at the \_\_\_\_\_ of \_\_\_\_\_ in the Province of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
(Commissioner for Oaths or Notary Public)

**NOTE:** The applicant is advised that the Chiropractors' Association of Saskatchewan reserves the right to make such further and additional enquiries as may be considered necessary and to contact any references named herein for further details.

**ALL MEMBERS ACTING AS A LOCUM, INCLUDING LIFE MEMBERS, MUST COMPLETE THIS FORM FOR EACH LOCUM PERIOD.**

Date: \_\_\_\_\_

List Dates/Location of Locum(s): \_\_\_\_\_

\_\_\_\_\_

Signature: X \_\_\_\_\_