



PART 1 – CONTACT INFORMATION

Name	Former License #:
Address	
Phone	Fax

PART 2 – LICENSING INFORMATION

1. That I have not been engaged in the practice of chiropractic within the Province of Saskatchewan since _____ and I hereby apply that my registration as a _____ Member be reinstated, and in support of my application make these declarations:

(a) last practitioner status: _____

(b) reason for suspension: _____

(c) length of suspension: _____

(d) that I hold _____ continuing education hours applicable to the current two year period

PART 3 - DECLARATION:

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)

(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.