Chiropractors' Association of Saskatchewan

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Regina, SK S4V 1A3

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Fax: 306.585.0685
Email: CAS@saskchiro.ca
Website: www.saskchiro.ca

Form 1
Amended Aug 12, 2025

APPLICATION FOR REGISTRATION FOR A NEW PRACTICING MEMBER

PLEASE PRINT

NAME: _____ **DATE OF BIRTH:**_____
(MM/DD/YEAR)

PRIMARY ADDRESS (for CAS Communications):

Address: _____

City/Town: _____ **Province:** _____ **Postal Code:** _____

LICENSING INFORMATION

If you answer "no" to any of the first three questions, please provide details on a separate page.

I am declaring THAT:

Yes No **1.a.** I am a Canadian citizen or permanent resident of Canada;

Yes No **1.b.** I will reside in Saskatchewan. If "no", please indicate location of residence:

_____.

Yes No **2.** I attended and satisfactorily completed the requirements of the Accredited Chiropractic College or University named: _____ and received the diploma/degree of _____ on _____ 20____.

Yes No **3.** I hold, as required by CAS Regulatory Bylaw 4 (6), a valid Certificate in Cardiopulmonary Resuscitation (CPR) which expires on _____.
(Please attach certificate).

Yes No **4.** I hold valid professional liability protection as a member of the CCPA or equal valid protection from another carrier.

If yes, carrier name is _____.
(Attach a copy of professional liability protection if not CCPA).

If no, please provide reason for not carrying professional liability protection (e.g. new graduate). _____

5.a. Please list any previous jurisdictions you have practiced in, including the years of licensure. If none, put N/A. _____

Yes No **5.b**. Do you hold any current Registration or License in another jurisdiction? If yes, list jurisdiction: _____.

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

Yes No **6.** 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;

Yes No **7.** I have been arrested or charged with an offence under the *Criminal Code of Canada*, the *Controlled Drugs and Substances Act*, the *Food and Drugs Act*, or any legislation similar to any of the foregoing in any other jurisdiction, or have been a defendant in a civil action relating to my chiropractic practice;

If yes, attach a copy of the Statement of Claim or Legal Decision document.

Yes No **8.** I have had my license to practice chiropractic or my registration suspended, placed under conditions or restrictions, or revoked in any jurisdictions or in any other profession;

Yes No **9.** I have been denied or revoked any license or permit, the procurement of which required proof of good character;

Yes No **10.** I have been suspended or expelled from any post-secondary academic institution.

CHIROPRACTORS' ASSOCIATION OF SASKATCHEWAN

DECLARATION

I, _____, the Applicant in the above application for Registration DO SOLEMNLY DECLARE THAT:

1. The statements contained in my Application are complete and true in every respect.
2. I will comply with the Rules, Regulations, Code of Professional Ethics, Policies, Professional Practice Guidelines and Practice Procedures of the Chiropractors' Association of Saskatchewan.

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)

NOTARIZATION

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

_____

(Commissioner for Oaths or Notary Public)

NOTE: 1. 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.

2. A charge may be made for any cost incurred to assist in completing this Form.

ADDITIONAL BIOGRAPHICAL INFORMATION REQUIRED

Email Address:
Consent to use email address for official CAS communications: Yes No
Pre-Chiropractic Education: University/College: Years Attended: Degree/Diploma:
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