



APPLICATION FOR REGISTRATION FOR CHIROPRACTIC PRECEPTOR

Form B is issued from the Office of the Registrar to be used by a CAS member, who shall be referred to as The Applicant, applying for the status of Chiropractic Preceptor, pursuant to Regulatory Bylaw 7(4).

To the Chiropractors' Association of Saskatchewan:

1. I, _____ hereby request registration as an
Chiropractic Preceptor for _____
(Name and address of student)
2. Period of time of supervision: _____
3. Location of place of supervision: _____
4. I have practiced as a regular member in good standing for the past five years in complete conformity to the rules, regulations and code of ethics of the CAS.
5. I have requested the Dean, or equivalent authority, _____
(Name and position)
of the College _____ concerned that I have met all of the
(Name of College)
qualifications of that College's preceptorship program.
6. I have provided to the Board verification from CCPA that proper professional liability protection coverage is in effect for this program.
7. I have had my office reviewed by the Quality Assurance Committee (Q.A.C.) within the last five years, have achieved a passing grade and have complied with any recommendations made by that committee prior to being accepted. Date of review with Q.A.C.: _____
8. I acknowledge that the status of Chiropractic Preceptor applies to the current application and current student and that it must be repeated for each subsequent student.
9. I further acknowledge that a Chiropractic Preceptor may only supervise one student at a time.

APPLICATION FOR REGISTRATION FOR CHIROPRACTIC PRECEPTOR

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)

<p>Notarization:</p> <p>DECLARED before me at the city of _____</p> <p>in the Province of _____ this day</p> <p>of _____, 20 _____.</p>
--

(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.