

Newfoundland and Labrador Chiropractic Board



Forming part of and Accompanying **Form A** Application for Registration

AFFIDAVIT

TO BE TAKEN BY APPLICANT BEFORE A COMMISSIONER, NOTARY PUBLIC OR JUSTICE OF THE PEACE ENTITLED TO TAKE SUCH AFFIDAVIT.

I _____ hereby make application for registration with the Newfoundland and Labrador Chiropractic Board. I acknowledge that upon acceptance for licensure, I agree to abide by the policies, rules and regulations of professional conduct of the Canadian and Newfoundland and Labrador Chiropractic Associations. I solemnly declare that to the best of my knowledge and belief, the information given on this application is true and complete. I understand that false information will invalidate my application and these forms and all supporting documents become the property of the Newfoundland and Labrador Chiropractic Board.

Signature of Applicant

Date

Declared before me at _____, in the province/state

of _____, in the country of _____

this _____ day of _____, AD, 20 _____.

Signature/Seal of Commissioner:

106-17 120 Conception Bay Highway CBS, NL A1W 3H9

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