

Newfoundland and Labrador Chiropractic Board



Forming part of and Accompanying Form A Application for Registration

License Verification

When applying for a license to practice chiropractic in the Province of Newfoundland and Labrador, the Board of Chiropractors requires this form to be completed by each jurisdiction in which the applicant holds or has held licenses. To be completed and returned with the application for Registration.

APPLICANT'S NAME: _____

ADDRESS: _____

To be completed by Regulatory Authority in province/state where applicant is licensed.

Province/State of: _____

Name of Licensee: _____

Graduate of: _____

License No.: _____ Issued Effective: _____

By reciprocity/endorsement: _____

By Examination (date): _____

License is current: _____ Lapsed: _____

Has the applicant's license ever been suspended or revoked? _____

If so, for what reason? _____

If there are any comments, facts or special circumstance which the Newfoundland and Labrador Chiropractic Board should be aware of in considering this applicant for registration, please provide details on a separate sheet.

Signature: _____

Date: _____

Name: _____

Title: _____

Board Seal:

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

Phone: 709-793-3712

Fax: 709-726-8286