



**LIST OF CSCE COMMITTEES:**

Please list the committees that interest you in order of preference

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

- |                                      |   |
|--------------------------------------|---|
| 1. Committee on Nominations          | 5. Committee on Marketing                   |
| 2. Committee on Research             | 6. Committee on Interprofessional Relations |
| 3. Committee on Continuing Education | 7. Committee on Membership                  |
| 4. Committee on Communications       | 8. Committee on Insurance Relations         |

**TYPE OF MEMBERSHIP REQUESTED:**     ACTIVE     ASSOCIATE

**MINIMUM APPLICATION REQUIREMENTS**

1. ACTIVE MEMBER

- Signed application form
- A current chiropractic license and be in good standing with your provincial licensing college.
- A minimum of five years of practice for a general chiropractic practitioner or three years of practice for a chiropractic fellow.
- Provide a one page letter of intent, including a brief description of how you incorporate independent chiropractic evaluations in your practice.
- Submit a curriculum vitae.
- Submit two of your actual independent chiropractic reports (signed) for review by the membership committee (please white out any names or identifying marks – this is an anonymous process).
- Submit two letters of reference by someone who has requested an Independent Assessment from you (i.e., Insurer, Lawyer, DAC).
- Submit a cheque for \$350.00 made payable to the “Canadian Society of Chiropractic Evaluators”.  
     Fee breakdown: 1. Non-refundable application fee of \$150.00  
                           2. Yearly membership fee of \$200.00

2. ASSOCIATE MEMBER

- Submit a curriculum vitae.
- Signed Application form.
- Submit a cheque for \$200.00 made payable to the “Canadian Society of Chiropractic Evaluators”.  
     Fee breakdown: 1. Non-refundable application fee of \$75.00  
                           2. Yearly membership fee of \$125.00

**Please mail this information to:**

**Canadian Society of Chiropractic Evaluators  
2040 Sheppard Avenue E. Suite 202  
Willowdale, Ontario  
M2J 5B3**

**Phone: 416-497-4477 • Fax: 416-497-4662 • email: [csce@nyrc.ca](mailto:csce@nyrc.ca) • website: [www.thecsce.ca](http://www.thecsce.ca)**