

CANADIAN
SOCIETY OF
CHIROPRACTIC
EVALUATORS



Membership Application Form

NAME: _____
LAST NAME FIRST NAME INITIAL

ADDRESS: _____
STREET CITY

PROVINCE POSTAL CODE

TELEPHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

DATE OF BIRTH: ____/____/____ GENDER: MALE FEMALE

CHIROPRACTIC COLLEGE ATTENDED: _____

YEAR OF GRADUATION: _____

POST GRADUATE TRAINING:

FELLOWSHIP: FCCS(C) FCCSS(C) FCCR(C) FCCO(C) FCCPOR(C)

INSTITUTION: _____

YEAR OBTAINED: _____

OTHER DEGREES/CERTIFICATIONS: _____

PROVINCIAL LICENSING COLLEGE: _____

PROVINCIAL LICENSE NUMBER: _____

I certify that to the best of my knowledge, I presently meet the minimum membership application requirements and that all the enclosed information is true and has not been falsified in any manner.

SIGNATURE

DATE

FOR OFFICE USE ONLY: Date Received: _____

Date Reviewed: _____

Membership No. _____

LIST OF CSCE COMMITTEES:

Please list the committees that interest you in order of preference

1st _____ 2nd _____ 3rd _____

1	Membership Committee
2	Communications Committee
3	Continuing Education Committee
4	Standards & Guidelines Committee

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 written endorsement from three (3) active CSCE members.
- Application must be approved by CSCE Board of Directors.
- 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 written endorsement from three (3) active CSCE members.
- Application must be approved by CSCE Board of Directors.
- 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
39 River Street
Toronto, Ontario M5A 3P1

Phone: 416-646-1600

Fax: 416-646-9460

Email: pruelhen@associationsfirst.com **Website:** www.thecsce.ca