



Nova Scotia College of Chiropractors Board:
Temporary Registration / Special Event
Conditional License

Pursuant to s.6(2)(a) of the Chiropractic Act

*Approved by
the Board of
the NSCC*

*Effective
April 24, 2004*

*Revised
April 30, 2011
February 25, 2017
January 6, 2018
July 5, 2021
February 13, 2023*

*Pages
4*

1. Application for Temporary Registration for Chiropractors who will be providing chiropractic services to a group/team or at a special event while in Nova Scotia.

Application for Temporary Registration requires the applicant to submit the following along with a copy of the attached application form to the NSCC office.

- a) Completed application form (see attached);
- b) 1 passport sized photograph.
- c) Copy of government issued photo ID.
- d) A letter of good standing from the province or jurisdiction in which you currently hold a license. The letter must be sent to NSCC directly from the applicable licensing board. If you hold a license in more than one jurisdiction, you must submit a letter of good standing from each of those jurisdictions. For chiropractors wishing to utilize acupuncture as part of their treatment plan, the letter of standing must include that you have completed an accredited/recognized Acupuncture certification.
- e) For applicants outside of Canada, proof of graduation from a CCEC approved program is required.
- f) Provide proof of sufficient malpractice coverage (\$5 million per year and \$5 million per incident) including proof of liability coverage specific for acupuncture if applicable.
- g) Pay fee as prescribed by the Board of the College.
- h) Completion of any additional registration requirements as outlined by the Chiropractic Act, Regulations and Policies of the Board of the Nova Scotia College of Chiropractors.



Temporary Registration is offered as a form of Special Event Conditional Licensure under the Chiropractic Act (1999). A Special Event Conditional License will allow for the practice of Chiropractic in Nova Scotia with the following Conditions/Restrictions. Failure to comply with any of these conditions/restrictions may result in immediate suspension of the Conditional License and may be subject to further action as deemed necessary by the Board of the Nova Scotia College of Chiropractors. Duration of the Conditional License is to be determined by the Board.

2. Conditions/ Restrictions

- a) As per the NSCC Regulations pursuant to the Chiropractic Act (1999), no persons shall be approved for temporary registration whose name has been removed from the register of a Board-approved chiropractic professional association or college by reason of the person's conduct or a disciplinary proceeding arising out of the person's conduct.
- b) For chiropractors who comprise part of a host medical team at an event:
 - registration is limited to the chiropractic management of the athletes, performers, coaches, officials, volunteers, mission staff and those directly associated with the event itself;
 - no spectators may be treated at a sporting event.
- c) For chiropractors travelling with a specific team/group/individual:
 - registration is limited to the chiropractic management of the athletes, performers, coaches and those directly associated with that team/group;
 - no event officials, volunteers, or spectators may be treated at a sporting or special event other than those associated with the team they represent.
- d) No charge is to be made to the patient for chiropractic services.
- e) Informed consent form approved by the CCPA must be used.
- f) Acupuncture may be used as an adjunctive therapy and not as a stand-alone treatment, as per NSCC Standards of Practice: Acupuncture/Dry Needling.
- g) Temporary Registration will be granted at the discretion of the Registrar.

Nova Scotia College of Chiropractors

Temporary Registration / Special Event Conditional License

General Information (PLEASE PRINT)

Applicant Name: _____

Current Mailing Address: _____

Telephone: _____ Fax: _____ Email: _____

Current Clinic Name: _____ Website: _____

Current License(s) Held

To be granted temporary registration in Nova Scotia, you must be registered or licensed to practice chiropractic in another jurisdiction. **A current dated letter of good standing must be received directly from the licensing board in each jurisdiction. The letter must include if you have met the minimum certification required for acupuncture (if applicable).**

List all jurisdiction(s) where you are currently registered or licensed to practice.

| Region | License # | Contact Person | Phone Number |
|--------|-----------|----------------|--------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Do you hold Acupuncture Certification? YES NO

Accreditation from Specialty Colleges

Please list any accreditation received from FCC recognized Specialty Colleges

1. _____
2. _____
3. _____

Professional Misconduct, Incompetence, or Incapacity

Has any regulatory body made a finding against you or are you currently facing a regulatory proceeding of professional misconduct, incompetence, or incapacity. Circle the appropriate answer(s) below:

1. In another jurisdiction as a YES NO *(If yes, please provide details on a*
2. In another profession YES NO *separate sheet)*

Please provide information about the event for which you are requesting temporary registration:

Name of Event: _____

Event Date(s): _____

Event Location: _____

Event Contact phone/email: _____

Duration of Requested Licensure: *from* _____ *to* _____

Description of Services being provided: _____

Name of Organization/Team (*if applicable*): _____

Organization/Team Contact Info (*if applicable*): _____

Number of Team Members (*if applicable*): _____

I do solemnly swear that the completed form hereto affixed is accurate, complete, and true. I understand my obligation to immediately inform the NSCC of any changes to the information in this application. 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.

SIGNATURE OF APPLICANT

DATE