# Nova Scotia College of Chiropractors Board: NSICC From another Canadian Jurisdiction. Pursuant to s.6(2)(a) of the Chiropractic Act



| Approved by<br>the Board of<br>the NSCC | <i>Effective</i><br><i>April 24, 2004</i> | <b>Revised</b><br>April 30, 2011<br>February 25, 2017<br>January 6, 2018 | Pages<br>4 |
|---|---|--|------------|
|   |   | July 5, 2021<br>May 13, 2023   |            |

- a) Application for Temporary Registration for a Chiropractor employed as a locum practitioner who is licensed in a different regulated jurisdiction. Application for Temporary Registration requires the applicant to submit the following along with a copy of the attached application form to the NSCC office Completed application form (see attached);
- b) 1 passport sized photograph.
- c) Copy of government issued photo ID.
- d) Current First Aid Certification minimum Emergency First Aid/ CPR C/ AED
- e) 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.
- 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 Locum Conditional Licensure under the Chiropractic Act (1999). A Locum 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) The locum Chiropractor must be working in the clinic of a Chiropractor who is licensed and in good standing with the Board of the NSCC.
- C) A locum may not be granted a temporary license for more than 12 weeks in a 12-month period. Locum services longer than 12 weeks will require that the locum Chiropractor apply for full licensure with the Board of the NSCC.
- D) Informed consent form approved by the CCPA must be used.
- E) Acupuncture may be used as an adjunctive therapy and not as a stand-alone treatment.
- F) Temporary Registration will be granted at the discretion of the Registrar.

### Nova Scotia College of Chiropractors

Temporary Registration / Locum Chiropractor

#### **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 <u>directly</u> <u>from the licensing board in each jurisdiction</u>. 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                |                          |                            |              |
|                  |                          |                            |              |
|                  |                          |                            |              |
|                  | upuncture Certification? |                            |              |
| Accreditation fi | om Specialty Colleges    |                            |              |
| •                |                          | FCC recognized Specialty C | 6            |
| _                |                          |                            |              |
| 3                |                          |                            |              |

#### Authorization to Work in Canada

In order to be granted a temporary license in Nova Scotia, you must be authorized to work in Canada by one of the following provisions (please indicate which applies):

- \_\_\_\_ Permanent resident
- \_\_\_\_ Engage in the practice of chiropractic under the Immigration and Refugee Protection Act, 2001
- \_\_\_\_ None of the above (please explain):

#### 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 locum services for which you are requesting temporary registration (attach additional pages if required):

| Name & Address of Clinic(s) where Locum Services wil 1 | •                              |                       |
|--|--------------------------------|-----------------------|
| Name & Contact Information of host Chiropractor(s): 1  |                                |                       |
| 2  |                                |                       |
| Duration of Requested Licensure: from                  | to                             |                       |
| (Please note that Licensure will be granted for a max  | mum of 12 weeks from the start | date of registration) |
| Contact Information while in Nova Scotia               |                                |                       |
| Home Address:  |                                |                       |
| Telephone:   |                                |                       |
| Email:   |                                |                       |
|  |                                |                       |

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