



Nova Scotia College of Chiropractors

Board Policy: Temporary Registration / Special Event Conditional Licence

*Approved by
the Board of
the NSCC*

*Effective
April 24, 2004*

*Revised
April 30, 2011
February 25, 2017
January 6, 2018*

*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) Notarized application form and undertaking (see attached);
- b) Two (2) passport sized photographs which must be notarized;
- c) Provide proof of graduation from a CCEC approved program or its equivalent;
- d) A letter of good standing from the province or jurisdiction in which you currently hold a licence. If you hold a licence in more than one jurisdiction, you must submit a letter of good standing from each of those jurisdictions;
- e) Provide proof of sufficient malpractice coverage (\$5 million per year and \$5 million per incident; NSCC Policy Prof-1);
- f) For chiropractors wishing to utilize acupuncture as part of their treatment plan, you must also submit with our application, proof of acupuncture certification and proof of sufficient liability coverage specific for acupuncture (as per NSCC policy Prof-3);
- 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 Licence 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 Licence, and may be subject to further action as deemed necessary by the Board of the Nova Scotia College of Chiropractors. Duration of the Conditional Licence 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.
- 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 Policy PROF-3.
- g) Temporary Registration will be granted at the discretion of the Registrar.



Nova Scotia College of Chiropractors

Form: Temporary Registration / Special Event Conditional Licence

General Information (PLEASE PRINT)

Applicant Name: _____

Current Mailing Address: _____

Telephone: _____ Fax: _____ Email: _____

Current Clinic Name: _____ Website: _____

Current Licence(s) Held

In order to be granted temporary registration in Nova Scotia, you must be registered or licensed to practise chiropractic in another jurisdiction. List all jurisdiction(s) where you are currently registered or licensed to practise and provide letter(s) of professional standing from each:

Region	Licence #	Contact Person	Phone Number
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 chiropractor | YES | NO | (please provide details on a |
| 2. In another profession | YES | NO | separate sheet of paper) |

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

Name of Event: _____

Event Date(s): _____

Event Location: _____

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

Description of Services being provided: _____
