



## Register Information

**Full Name** \_\_\_\_\_ **Registration Number** \_\_\_\_\_

**Chiropractors are required to promptly inform the Board of any changes of address. Please use this section to notify the Board of changes:**

| Currently recorded Residential Address: | Currently recorded Postal Address: | Currently recorded Work Address:*<br>(Where Applicable) |
|---|------------------------------------|---|
|   |                                    |   |

**Please advise any changes below:**

| New Residential Address: | New Postal Address: | New Work Address:<br>(Where Applicable) |
|--------------------------|---------------------|---|
|                          |                     |   |

|  |  |
|--|--|
| Currently recorded work telephone number:* | New work telephone number:(Please include area code)<br><br>(    ) |
|--|--|

|                                    |  |
|------------------------------------|--|
| Currently recorded e-mail address: | New e-mail address: (Please print clearly) |
|------------------------------------|--|

**\*Work address and work telephone number are part of the Public Register. You may object to the publication of this information by putting your objection in writing to the Board.**

|  |   |
|--|---|
| <p><b>Practitioners Check list for payment by cheque:</b></p> <p><input type="checkbox"/> Completed Application</p> <p><input type="checkbox"/> Completed Remittance Advice</p> <p><input type="checkbox"/> Cheque enclosed</p> <p><input type="checkbox"/> Completed Register Information</p> <p><input type="checkbox"/> Completed Competency &amp; Recertification Declaration</p> <p><input type="checkbox"/> Completed Workforce Survey</p> | <p><b>Practitioners Check list for payment by credit card:</b></p> <p><input type="checkbox"/> Completed Application</p> <p><input type="checkbox"/> Completed Remittance Advice</p> <p><input type="checkbox"/> Completed Register Information</p> <p><input type="checkbox"/> Completed Competency &amp; Recertification Declaration</p> <p><input type="checkbox"/> Completed Workforce Survey</p> |
|--|---|