



## PEICA Temporary License Application Checklist

- ☐ 1. Application Form - completed and signed
- ☐ 2. Application fee - payable by certified cheque or money order to PEICA. Mailed or delivered to PEICA (Care of Symmetrics Health), 143 Mount Edward Road, Charlottetown, PEI, C1A 5T1.
- ☐ 3. Photos - one (1) suitable recent photographs - color, passport-style
- ☐ 4. Proof of Canadian citizenship or legal entitlement to work in Canada e.g. Birth certificate or other official documentation
- ☐ 5. Verification of standing from your current jurisdiction licensing body, sent directly to the Registrar
- ☐ 6. Proof of professional liability protection or insurance
- ☐ 7. Criminal record and vulnerable sector check from the RCMP or police authority in the form provided by it. Be mindful that they are only valid for 90 days from the date of issue. (Original must be sent)

## Mail your completed application to:

PEICA Registrar (Dr. Nadia Shea)  
24 MacKenzie Crescent  
O'leary, PE  
C0B 1V0

## Questions?

If you have questions regarding the application and registration process, contact the Registrar at [drnshea@gmail.com](mailto:drnshea@gmail.com)



## PEICA Temporary License Application

### Contact Information

Name (First/Middle/Last):

Address:

Phone:

Email:

Date of Birth (mm/dd/yr):

Place of Birth:

Are you a Canadian Citizen? Yes ☐ No ☐

If not, what citizenship? \_\_\_\_\_

Are you Legally entitled to work in Canada? Yes ☐ No ☐

### Licensing Information

List all chiropractic colleges attended and graduation date:

☐ I confirm I am registered or licensed to practice chiropractic in another jurisdiction

List all jurisdiction(s) where you are currently licensed to practice chiropractic and request from your regulatory body to provide PEICA directly with letter(s) or professional standing.

☐ I confirm I have successfully completed the CCEB Clinical Competency Examinations

Please list the date of completion: \_\_\_\_\_



If you answer "yes" to any of the following questions please provide details on a separate page

Have you ever been refused licensure/registration as a chiropractor in another jurisdiction?

Yes ☐ No ☐

Have you ever had your license/registration to practice chiropractic suspended or revoked?

Yes ☐ or No ☐

Are there any professional liability suits or prosecutions pending or currently proceeding against you?

Yes ☐ or No ☐

Have there been any disciplinary findings against you in the past? Yes ☐ or No ☐

Are there any complaints or disciplinary proceedings in progress against you?

Yes ☐ or No ☐

### Practicing in PEI

Please provide details of your proposed chiropractic activities while in PEI:

What is the proposed start date and end date of your requested temporary certificate of registration in PEI?

Start Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
(no later than 90 days after date of issue)



## Declaration

I, \_\_\_\_\_ HEREBY MAKE APPLICATION FOR REGISTRATION AND WISH TO SIT FOR ANY EXAMINATION REQUIRED BY THE PRINCE EDWARD ISLAND CHIROPRACTIC ASSOCIATION. I SOLEMNLY DECLARE THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT FALSE INFORMATION WILL INVALIDATE MY APPLICATION AND THAT ALL DOCUMENTS RECEIVED BECOME THE PROPERTY OF THE PRINCE EDWARD ISLAND CHIROPRACTIC ASSOCIATION

X \_\_\_\_\_

(Signature of Applicant)

\_\_\_\_\_

(Date)