



REQUEST FORM FOR ADDITION TO PRACTICE ROSTER

NAME: _____ REG # _____
Please Print

Employer: _____ Employer Ph #: 902-_____
Please Print

I would like to have my name added to the Roster indicated below:

- ACUPUNCTURE PELVIC FLOOR REHAB TMJ Concussion Mgmt.
 SPINAL MANIPULATION MANUAL THERAPY VESTIBULAR REHAB.

I have completed a post graduate, comprehensive, education course that included at a minimum:

- a didactic component including theoretical information on the indications, contraindications, precautions and risks associated with the performance of the activity,
- a component on adverse events and how to deal with them should they occur,
- a practical component including information on the technical performance of the activity and an opportunity to perform the activity under the supervision of a person who is authorized to perform it, and to evaluate it
- an evaluation method that tests theoretical and practical knowledge as well as the skills associated with safe and competent performance of the activity(ies).

The course involved a total of _____ contact hours, and _____ hours in total.

I have current malpractice insurance through CPA Hospital Other

I have attached:

- copies of my certification and
- a practice resume that demonstrates current use of my knowledge and skills with this activity and maintenance of my competency.

I hereby declare the above information is true and factual.

Signed: _____

Date: _____