Application to Change Registration Status

Non-Practicing

COLLEGE OF CHIROPRACTORS OF ALBERTA

To apply to change your practice registration to non-practicing, complete all three pages of this form package and submit it to the CCOA. Applications must be submitted as PDF attachments to registration@theccoa.ca.

Submission Deadlines:

Applications cannot be backdated. Submission deadlines for change in status applications are **11:59:59 PM on the 15th day of every month**. The change in status effective date will be the last business day of the submission month. Any change in status applications received after the submission deadline will be processed on the last business day of the subsequent month.

If a regulated chiropractor has submitted their change in status application after the deadline, the registrant can pay a late fee (see fee schedule) to have their change in status processed on the last business day of the submission month.

For **annual registration renewal only**, submissions for change of status must be submitted by June 15. Submissions received from 12:00:00 AM on June 16 until 11:59:59 PM on June 23 will be assessed a late fee (see fee schedule). Payment of that fee is required prior to processing the application for an effective date of June 30. Failure to pay the late fee or filing a change in status application on or after June 24 will result in the regulated chiropractor's change in status application not being processed before June 30, and the regulated chiropractor will move into a suspended category on July 1.

First Steps:

☐ **Pay all outstanding invoices** on your Portal/Member Profile.
☐ **Contact your insurance provider** to discuss your policy options.
- Please note: Cancelling your PLP/PLI policy prior to the effective date of your change in status may result in a suspension of your practice permit.

☐ If you practice at a **WCB** authorized clinic, notify the WCB if your change in status is temporary.

Professional Corporation (PC) Owners:

☐ **Joint Ownership**: Articles of amendment must be submitted to remove you as a Director, as Corporate Registry will be notified that the PC is no longer active. Contact the CCOA for applicable forms.
☐ **Sole Proprietorship**: Corporate Registry will be notified that your PC is no longer active.

X-ray or Class 3b/Class 4 Laser Owners:

☐ You must **deregister, or transfer ownership** of your equipment (go to the "Modalities" section of the CCOA website to access relevant forms).

Access to Patient Files – Designate a New Custodian:

☐ You must indicate who the new custodian of the files will be (see page 3). The new custodian of your patient files must also fill out and sign their acknowledgement of the file transfer on page 3.

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Understandings and Consent:

- ☐ I understand that by submitting this form, I give consent to the College of Chiropractors of Alberta (CCOA) to provide notification, where applicable, that I have changed my status to non-practicing to the Canadian Chiropractic Association (CCA), the Canadian Chiropractic Protective Association (CCPA), Worker's Compensation Board (WCB), Alberta Health, Alberta Blue Cross, Telus Health, and other relevant organizations.
- ☐ I understand that the above notification will include the following personal identifiers: name, practice permit number, city of practice, effective date of non-practicing, and registration status (non-practicing).
- ☐ I understand that a return to active practice will entail specific requirements, and I will contact the CCOA to discuss these.

Name:	**CCOA Practice Permit #:**
Signature:	**Date:**

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Please print clearly. Incomplete forms will **not** be processed.

Regulated Chiropractor Information

Name:	CCOA Practice Permit #:
Reason for Change in Status:	
Email:	Phone:

Forwarding Address

Address:		
City:	Prov/State:	Postal Code:

Designate a Custodian to Retain and Provide Access to your Patient Records

- The *Health Information Act* requires that all patient files be in the care and control of an authorized custodian. A custodian must be an actively registered regulated health care provider as defined in the *Health Professions Act* and *Health Information Act*. A CCOA registrant who is no longer active cannot be a custodian.
- You must identify an appropriate arrangement with an authorized custodian prior to changing your status. This transfer should be documented, signed, and retained by both parties.
- It is **illegal** to retain the files yourself once you are no longer a regulated chiropractor with a current registration with the CCOA.

Custodian Name: Dr.	Custodian Practice Permit #:	
Clinic Name:	Address:	
City/Prov:	Postal Code:	Phone:

☐ I hereby request that the Registrar cancel my practice permit.

☐ I agree that I will not engage in the practice of chiropractic in Alberta.

☐ I formally designate the above-noted individual to be the custodian of my patient files. They have agreed to become custodian of my files.

Signature _____ Date _____

This portion of the form is to be filled out by the new custodian.

I, Dr. _____ (new custodian - print name) am aware that Dr. _____ (print name of chiropractor who is changing status) has designated me as the custodian of their patient files.

☐ I have reviewed **Standards of Practice 5.3 Custodianship of Health Records** in full, and I understand my obligations as a custodian.

☐ I consent to be the custodian of the patient records.

Custodian signature _____ Date _____