Appendix A: CCOA **Parental Leave (Inactive) Application Form (Template)**

Parental Leave Application

COLLEGE OF CHIROPRACTORS OF ALBERTA

Name: _____

Registration Number: _____

Requested Status: Inactive (Parental Leave)

Requested Start Date: _____

Expected Return Date: _____ (estimate)

Declarations (initial each):

☐ I request temporary inactive status for parental leave.

☐ I understand I must not practice or present myself as practicing during inactive status for parental leave.

☐ I have contacted my liability insurance or liability protection carrier and will follow their requirements for insurance/protection during a period of temporary parental leave.

☐ I understand my name will appear as Inactive – Leave on the public register.

☐ I will maintain current contact information and respond to regulator communications during parental leave.

☐ I understand the fee and Continuing Competence Program implications and will meet return to practice requirements.

☐ I will notify CCOA if my return date changes and request an extension if needed.

☐ I certify the information provided is true and complete.

Signature: _____ Date: