

Request to Change Membership Status Parental Leave (Inactive-Leave) to Active



— COLLEGE OF —
CHIROPRACTORS
— OF ALBERTA —

I, Dr. _____ (applicant full name) am formally requesting that my status with the College of Chiropractors of Alberta (CCOA) be changed from Parental Leave (Inactive-Leave) back to Active effective _____ (requires at least 30 days notice).

Declarations, Understandings, and Consent:

- ☐ I declare that I did not practice while in Inactive-Leave status.
- ☐ I declare that I have maintained/completed my Continuing Competence Program requirements while on leave.
- ☐ I understand that by submitting this form, I must also provide proof of active professional liability protection.
- ☐ I understand that all fees must be paid before status will be changed to Active.
- ☐ I understand that by submitting this form, I give consent to the CCOA to change my status from Inactive – Leave (Parental Leave) back to that of Active Practice.

Name:	CCOA practice permit #:
Signature:	Date:

(An electronic signature is acceptable if this form is submitted via the email address on your member profile)

Submit via Email:

registration@theccoa.ca