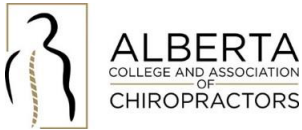


Professional Conduct Disclosure and Explanation Reporting



Ensure to fill out all sections of form. Incomplete forms cannot be processed.

Member name:

ACAC practice permit:

Understanding and Consent

- ☐ I understand that by signing this form, I give consent to the Alberta College and Association of Chiropractors (ACAC) to request additional information from required organizations/individuals if deemed necessary:
- Complaints (open)
 - Investigations (in progress)
 - Disciplinary actions (dates, particulars, findings, remedies or sanctions)
 - Sanctions
 - Decisions of Hearing Tribunals

Professional Conduct Disclosure and Reporting	
1	Date of complaint (if more than one, fill out one form per complaint):
2	Nature and circumstance of complaint:
3	Outcome of complaint, and a copy of any decisions or findings:

[illegible]

Professional Conduct Disclosure and Explanation Reporting



ALBERTA
COLLEGE AND ASSOCIATION
OF
CHIROPRACTORS

- ☐ I understand why I have been asked to disclose this information, and am aware of the risks or benefits of consenting or refusing to disclose this information. I declare that the information provided in this form is true and correct to the best of my knowledge. I understand that as per Code of Ethics Principle 5, Veracity, I “must be truthful and forthright in all professional matters by fully disclosing and not misrepresenting information in dealings with [...] the ACAC.”

Date:	Signature:
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Submit via fax or email:

780-425-6583 | registrar@albertachiro.com

The information you submit in this form and any additional supporting documentation will be kept on your member file for the length of time that the file exists.