



Malta Chiropractic Association

Chiropractor' Application for Membership

Please, read all sections filling, where applicable, in capital letters and sign the declaration.

SECTION ONE

Personal Details

Name

Surname

Date of Birth (dd/mm/yy)

Place of Birth

Nationality

Address

Telephone

Mobile

Email

Attach a passport photo here

SECTION TWO

Professional Details

Chiropractic College Attended

From (mm/yyyy) / To (mm/yyyy)

Length of the Course (number of years)

Graduation Date (mm/yyyy)

Your Professional Indemnity

Please, give details, including validity in Malta, Limit of Indemnity and current status of your Professional Indemnity Insurance policy:

Other chiropractic associations

Please, give details, including dates, of other chiropractic associations to which you are registered or have been registered:

Previous employment

Please, give details and addresses of previous employment you have worked in the last two years:

Other Professional Qualification/s

Please, tell us of other current or former professions practiced and/or qualifications/degrees held:

Malpractice

Please, give details of any malpractice suit that has, or has been, brought against you, including the result of the suit:

Criminal Offences

Please, let us know if you have a criminal record of any kind, giving details of offences and dates of conviction:

Health Status

Please, tell us if you suffer from any physical/mental impairment or chronic illness:

SECTION THREE

Requirements

Please, note that the following required documentation is enclosed.

- 1) Current passport photograph - *(affix in section one where indicated)*.
- 2) Copy of your chiropractic college attendance certificate.
- 3)Original / Authenticated copies of your Professional Indemnity Insurance policy; it must specify:
 - a) its Maltese validity,
 - b) name of the insurance group,
 - c) the Limit of Indemnity.
- 4) Two letters of reference, as following:
 - a) From your college of graduation (for character and professional and academic performance;
 - b) A character reference from someone you know - doctor, lawyer, etc. (Not a family member or chiropractor).
- 5) Include details of a registered chiropractor you have met, or contacted, in Malta.

MCA Member

Details

DECLARATION

I *(insert full name in block capitals)*, hereby declare that the foregoing information is true to the best of my knowledge, and shall be the basis of my membership of the MCA. I shall notify the MCA of any changes in these details. I have read, understood and agree to abide by the Rules, Bye-laws and Code of Conduct of the MCA.

Signed Date ___/___/___

*(Please, return this form, with enclosure, to:
Malta Chiropractic Association
156, Vjal Il-Wiehed U Ghoxrin Ta' Settembru
Naxxar, NXR1010
Malta*

FOR OFFICE USE ONLY

Date received	Date approved	Member contacted