



Stage 1 Desktop Audit:

Application form for skills assessment for migration to Australia and/or registration as a chiropractor in Australia or New Zealand

Form C

For chiropractors with an overseas qualification that is not from an accredited program

Approved by COAC: November 2012

Updated: May 2013; August 2013; August 2014; February 2015, October 2016, February 2018; February 2021

The information on the *Stage 1 Desktop Audit – Form C* is collected by the Council on Chiropractic Education Australasia (CCEA) for the purposes of:

- Assessing qualifications and skills for migration to Australia under the Department of Immigration and Border Protection (DIBP) General Skilled Migration or Employer Nominated Scheme in the occupation of Chiropractor (ANZSCO Code 252111)
AND/OR
- Assessing qualifications and skills, and eligibility to undertake the *CCEA Stage 2 – Competency Based Assessment*, for overseas qualified chiropractors wishing to apply for registration in Australia with the Chiropractic Board of Australia (CBA) or in New Zealand with the New Zealand Chiropractic Board (NZCB).

**Council on Chiropractic Education
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**CCEA Skills Assessment
Applications**

Via email:
ccea.assessments@iasolutions.org.au

Please complete the Stage 1 Desktop Audit – Form C if you answer ‘No’ to the following question. (Note: It is advisable to contact CCEA prior to completing this form.)

Have you completed a recognised entry-level qualification in Chiropractic at one of the following accredited programs?

Yes No

EUROPE

- Anglo-European College of Chiropractic (1992-present)
- Barcelona College of Chiropractic (2017 – present)
- Durban University of Technology (2009 – present)
- Institut Franco-Europeen De Chiropratique (1996 – present)
- McTimoney College of Chiropractic (2016 – present)
- RCU Escorial Maria Cristina, Spain (2012 – present)
- Syddansk Universitet Odense (1999 – present)
- University of Johannesburg – Faculty of Health Sciences – Dept of Chiropractic (2010 – present)
- University of South Wales - Welsh Institute of Chiropractic – Wales (2002 – present)
- University of Zurich (2016 – present)
- University of Surrey (2003 – 2006)

CANADA

- Canadian Memorial Chiropractic College
- University of Quebec at Trois Rivieres

ASIA

- Hanseo University (2010 – present)
- International Medical University (2013 – present)
- Tokyo College of Chiropractic (2012 – present)
- RMIT Japan (2005 – 2012)

UNITED STATES

- Cleveland Chiropractic College – Kansas City (1982-2017)
- Los Angeles (1985-2017)
- D’Youville College (2007 – 2017)
- Life Chiropractic College West (1987 – 2017)
- Life University (1985 – 2017)
- Logan College of Chiropractic (1978 – 2017)
- Los Angeles College of Chiropractic/Southern California University of Health Sciences (1971 – 2017)
- National University of Health Sciences – Lombard (1971 – 2017); Pinellas Park (2011 – 2017)
- New York Chiropractic College (1979 – 2017)
- Northwestern College of Chiropractic/Northwestern Health Sciences University (1971 – 2017)
- Palmer College of Chiropractic
 - Davenport (1979 – 2017)
 - San Jose (1985 – 2017)
 - Port Orange (2004 – 2017)
- Parker College of Chiropractic/Parker University (1988 – 2017)
- Sherman College of Chiropractic (1995 – 2017)
- Texas Chiropractic College (1971 – 2017)
- University of Bridgeport (1994 – 2017)
- Western States Chiropractic College/University of Western States (1981 – 2017)

If you answered 'Yes' to this question, do not proceed with this form.

You must complete either:

- Stage 1 Desktop Audit – Form A. Application form for skills assessment for migration to and/or registration in Australia as a chiropractor.
For chiropractors with an Australian or New Zealand qualification and/or registered in Australia or New Zealand.
OR
- Stage 1 Desktop Audit – Form B. Application form for skills assessment for migration to Australia and/or registration as a chiropractor in Australia or New Zealand.
For chiropractors with an overseas qualification from an accredited program.

Please read the following explanatory notes and the Candidate Guide (published on the CCEA website www.ccea.com.au) before completing the application.

Privacy notice: An individual's personal information is collected for the purpose of conducting assessments. CCEA may disclose it on a confidential basis to its agents, contractors or third party service providers who provide assessment or other services in fulfilling this purpose. Personal information may also be used to inform chiropractic regulatory authorities, the Department of Immigration and Border Protection (DIBP); Department of Education; and Department of Employment. Information on this form may be disclosed without your consent where authorised or required by law. The CCEA privacy policy is available at www.ccea.com.au/index.php/about/publications/

Explanatory notes

1. Completing this application form

The *Stage 1 – Desktop Audit – Form C* consists of twelve (12) sections. Please complete each section and include the required documentation as stated in the shaded boxes.

Complete the application form in English.

Please print clearly in UPPERCASE (CAPITAL LETTERS) using a black pen.

Mark check boxes with an

If you require more space to answer questions, please attach a signed and dated sheet of paper giving the necessary details.

2. Application deadlines

Deadlines for the *Stage 1 – Desktop Audit* and *Stage 2 – Competency Based Assessment* are outlined in Table 1. *Stage 1 – Desktop Audit* applications received after the deadlines stated may not be processed in sufficient time and therefore the *Stage 2 – Competency Based Assessment* will be held at the next scheduled date. Applicants are advised when submitting their *Stage 1 – Desktop Audit* application to ensure they leave themselves enough time to arrange their flights and accommodation to attend the *Stage 2 – Competency Based Assessment* in Australia (see assessment dates and locations in Table 1).

Table 1. *Stage 1 – Desktop Audit* and *Stage 2 – Competency Based Assessment* deadlines

Stage 2 – Competency Based Assessment dates	Locations	Stage 1 – Desktop Audit submission deadlines (including payment)	Stage 2 – Competency Based Assessment payment deadlines
February	Sydney	15 November	15 January
July	Auckland	15 April	15 June
November	Perth	15 August	15 October

Note: These dates and locations for assessments are provisional and based upon adequate numbers of candidates.

3. Fees

Current fees for the *Stage 1 – Desktop Audit* application are published on the CCEA website (www.ccea.com.au). The application fee must be paid in Australian Dollars. The applicant is liable for all bank fees and exchange rate charges associated with the payment of their application fee. Please refer to Section 13 for payment methods.

A copy of the deposit receipt or similar evidence of the funds transfer must be emailed to CCEA at admin@ccea.com.au to initiate the assessment process. Upon receipt of your fee, your tax invoice/receipt and application number will be sent to you by email.

4. Notice of Desktop Audit outcome

Applicants with an overseas qualification that is not from an accredited program will be required to provide additional documentation and their application may be referred to AEI-NOOSR for an individual educational assessment. Applicants will be notified of any additional requirements within 8 weeks of the CCEA receiving their completed *Stage 1 Desktop Audit*. The payment of additional fees will be required.

Applicants are reminded that the *Stage 1 – Desktop Audit* is used to determine their eligibility to undertake the CCEA *Stage 2 – Competency Based Assessment*. Successful completion of the *Stage 1 – Desktop Audit* and *Stage 2 – Competency Based Assessment* provides candidates with the eligibility to apply for registration in Australia with the Chiropractic Board of Australia (CBA) or in New Zealand with the New Zealand Chiropractic Board (NZCB). However it does not guarantee automatic registration. Please contact CBA or NZCB for the requirements for registration in the respective jurisdictions.

5. Supporting documents

You must provide all information and documents requested in this form. An incomplete application will cause delays in processing. The shaded boxes at the top of each section state the accompanying documentation that is required for that section.

5.1 Submission of documents

Applicants are required to provide clear and complete colour scans of original documents scanned in colour at 100 dpi resolution or higher (for your application and supporting documentation) and at 300 dpi or higher for your passport identity and photo page. The recommended file format is PDF. Assessment officers must be able to see the complete document, including all edges and corners, any images/photographs and be able to read all text clearly.

Applicants must arrange for the following **evidence only** to be **emailed directly** to the CCEA at ccea.assessments@iasolutions.org.au

- Official Academic Transcript(s) for your chiropractic qualification(s) from your training institution (refer to Section 4).
- Certificate of Registration Status or Certificate of Good Standing from the relevant registration/licensing authority and/or training institution (refer to Section 5).
- Results of NBCE and/or CCEB assessments (if applicable) (refer to Section 6).

5.2 Translated documents

Documents in a language other than English must be translated by a service accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI).

Please submit:

- One colour scanned copy in the original language
- One colour scanned copy of the translated version in English (bearing the stamp of the NAATI-accredited translator).

5.3 Original documents

Applicants are advised to retain all original documents and a completed copy of their Desktop Audit application form and any other relevant documentation for their own records. DIBP and/or the CBA may also require applicants to provide formal documentation in an alternative format for migration or registration purposes.

6. Witness

A witness is required for the completion of Section 10 (Declaration). The person who acts as witness must have the legal authority to do so: Justice of the Peace, Commissioner for Declarations, Notary Public, Magistrate, Judge, legal practitioner, person legally designated to sign documents from an Embassy or Consulate. A witness should be at least 18 years of age and should not be related to the applicant by birth, marriage, de facto or same sex relationship, nor live at the applicant's address.



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Form C

For chiropractors with an overseas qualification that is not from an accredited program

Please read the Explanatory Notes and Candidate Guide before answering any questions. Print clearly in UPPERCASE (CAPITAL LETTERS) using a black pen. Mark check boxes with an

Section 1 - Personal details

Proof of Identify Provide a scanned colour copy of your valid passport identity and photo page at 300 dpi resolution or higher *Change of Name Documentation (if applicable) If the name on any of your documents is not the same as that on your current passport, provide a scanned colour copy of one of the following as evidence of your change of name: marriage certificate, deed poll, divorce papers, statutory declaration		
1.1	Preferred title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other _____
1.2	Family name/surname <i>(as shown on passport)</i>	
1.3	Given name(s) <i>(as shown on passport)</i>	
1.4	Previous family or given names* <i>(if applicable)</i>	
1.5	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
1.6	Date of birth <i>(passport evidence is required)</i>	
1.7	Country of birth <i>(passport evidence is required)</i>	
1.8	Country of permanent residence	

Section 2 – Reason for application

Please specify below whether the purpose of your application is for the:

Assessment of qualifications and skills for migration to Australia

AND/OR

Assessment of qualifications and skills, and eligibility to undertake the CCEA *Stage 2 – Competency Based Assessment*, for registration in Australia.

2.1	I am applying to migrate to Australia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.2	I wish to apply for registration with the Chiropractic Board of Australia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.3	I wish to apply for registration with the New Zealand Chiropractic Board	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.3	Other reasons	<input type="checkbox"/> Radiation license requirement <input type="checkbox"/> Other	

Section 3 – Contact details

Provide your current contact details in Section 3a.

If you are planning to be in Australia or NZ whilst your *Stage 1 – Desktop Audit* application is being processed, please provide in Section 3b a postal address in Australia or NZ to which your assessment documentation can be sent.

If you wish to nominate a person (for example, a family member or migration agent) to act on your behalf in relation to this application for CCEA assessment of your chiropractic qualification and skills, please complete Sections 3c and 3d.

If you complete Sections 3c and 3d, the CCEA will send all correspondence to the authorised third party and not to you.

Section 3a – Current address

3.1	Residential address (indicate country, if outside Australia)	
3.2	Telephone number	
3.3	Mobile number	
4.4	Email address	

Section 3b – Postal address, if different from Section 3a above (optional)

3.5	Postal address	
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Section 3c – Authorisation for third party to act on my behalf (optional)

*Please note: CCEA (or its assessment service provider) normally deals directly with applicants seeking assessment.

Australia's privacy legislation prohibits CCEA from discussing your application with other people (third parties) unless specifically authorised to do so. If you want someone to deal with CCEA on your behalf, you will need to complete the authorisation below. Both you and the authorised person must sign this page. Please note: CCEA will only communicate directly with one party; if an authorised person is nominated, CCEA will only communicate with that authorised person and not the applicant.

3.6	I, (your full name including given names and family name/surname)	

	authorise the following person (identified in Section 3d) to act on my behalf regarding my application to the Council on Chiropractic Education Australasia. This includes authorising the Council on Chiropractic Education Australasia to send to that person any communications, documents or notifications relating to this application that would otherwise have been sent to me.	
	Your signature	Date (<i>day/month/year</i>)
	_____	_____
	Authorised person's signature	Date (<i>day/month/year</i>)
	_____	_____

Section 3d - Details of authorised third party (optional)

3.7	Authorised person's title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other _____
3.8	Authorised person's family name/surname	
3.9	Authorised person's given name(s)	
3.10	Relationship to myself <i>(for example spouse, family member, migration agent)</i>	
3.11	Authorised person's full address for correspondence <i>(indicate country, if outside Australia)</i>	
3.12	Authorised person's telephone number(s)	
3.13	Authorised person's email address(es)	

Section 4 - Chiropractic qualification(s)

Please provide details of your relevant chiropractic qualification(s).

Graduation certificate(s)

Provide a scanned colour copy of your chiropractic graduation certificate(s). Your official certificate(s) must include the official stamp of the awarding institution. If you are applying before the date of your graduation ceremony and do not yet have your graduation certificate, you must provide a letter from your institution stating the date that your graduation certificate will be conferred AND your academic transcript must include a statement that confirms you have completed the course requirements.

Academic transcript(s)

Arrange for the awarding institution to email directly to the CCEA an official academic transcript(s) for your chiropractic qualification(s). Your official transcript(s) must include: a statement that confirms you have completed the degree requirements; a list of each individual subject in your entire chiropractic program; the grade or result you were awarded for each subject in the program; the official university stamp.

4.1	What is the title of your chiropractic degree(s)? (e.g. <i>Doctor of Chiropractic, Master of Chiropractic</i>)	
4.2	What is the name of the awarding institution(s)?	
4.3	What year did you commence your degree(s)?	
4.4	What year did you complete your degree(s)?	
4.5	Was your chiropractic qualification(s) undertaken in English?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5 – Recognition as a chiropractor

Please provide details of your chiropractic registration/licence.

Certificate of registration

You must provide a scanned colour copy of your current registration or licensure certificate for each jurisdiction in which you are registered or licensed.

Certificate of registration status

You must arrange for your current registration or licensing authority/ies to email directly to the CCEA a current Certificate of Registration Status or Certificate of Good Standing. If you are registered/licensed in more than one jurisdiction, you must arrange for a Certificate to be forwarded from each authority with which you are currently registered/licensed.

If you are not currently registered or licensed, please provide the following documents relevant to your situation:

New graduate – arrange for your teaching institution to email directly to the CCEA a letter attesting that no disciplinary proceedings have been, are currently, or are likely to be in place against you due to activities occurring during your training.

Not a new graduate but not currently registered/licensed – please arrange for your previous registration or licensing authority/authorities to email directly to the CCEA a letter attesting that no disciplinary proceedings were instigated against you during your period of registration/licensure.

5.1	Have you ever been refused a licence or registration to practise chiropractic, or had a licence or registration to practise chiropractic withdrawn in any jurisdiction?	<input type="checkbox"/> Yes <i>Give details on a separate sheet</i> <input type="checkbox"/> No
5.2	Do you currently hold a current unconditional registration/licence as a chiropractor in any jurisdiction?	<input type="checkbox"/> Yes <i>Please complete Section 5a</i> <input type="checkbox"/> No <i>Please complete Section 5b</i>

Section 5a – Current registration/licence

5.3	Name of your registering/licensing authority	
5.4	Address of your registering/licensing authority <i>(indicate country, if outside Australia)</i>	
5.5	Contact details of your registering/licensing authority	Telephone: Facsimile: Email:
5.6	Year you were first registered/licensed	
5.7	Current registration/licence number and expiry date	
5.8	Are you registered/licensed in any other jurisdiction?	<input type="checkbox"/> Yes Give details on a separate sheet <input type="checkbox"/> No

Section 5b – Eligibility for registration/licensure

5.9	If you are not currently registered or licensed, are you eligible to apply for registration/licensure in your <u>country of study</u> ?	<input type="checkbox"/> Yes Please complete Question 5.10 <input type="checkbox"/> No Give details on a separate sheet
5.10	If you answered Yes to Question 5.9, in which country are you eligible to register or be licensed as a chiropractor?	

Section 6 – Board examinations (if applicable)

Indicate which Part(s) of the National Board of Chiropractic (NBCE) and/or Canadian Chiropractic Examining Board (CCEB) examinations you have completed, if applicable.

NBCE and/or CCEB Examination Results

You must arrange for the NBCE and/or CCEB to email directly to the CCEA your results of these examinations.

6.1	Have you completed any parts of the NBCE assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.2	If Yes, please tick which parts.	<input type="checkbox"/> Part 1 <input type="checkbox"/> Part 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> Part 4
6.3	Have you completed any parts of the CCEB assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.4	If Yes, please tick which parts.	<input type="checkbox"/> Written <input type="checkbox"/> Practical

Section 7 – Stage 2 – Competency Based Assessment schedule

Please select below your preferred assessment date and venue at which you wish to undertake the *Stage 2 – Competency Based Assessment*, if eligible. All Parts of the *Stage 2 – Competency Based Assessment* are undertaken in Australia over a three (3) day period. Please see the Candidate Guide for more information and the CCEA website for provisional dates.

Tick Below	Month of Assessment	Venue for Assessment	Application Deadline (for <i>Stage 1 – Desktop Audit</i>)
	February	Macquarie University, Sydney, NSW	15 November
	July	New Zealand College of Chiropractic, Auckland, New Zealand	15 April
	November	Murdoch University, Perth, WA	15 August

Note: These dates and locations are provisional and based upon adequate numbers of candidates

Section 8 – Health status

If you answer Yes to any of the questions below you will need to provide scanned colour copies of official supporting documentation (for example, medical certificate, letter from GP, medical report).

8.1	Do you consider you may be affected by anything (e.g. pregnancy, disability, a medical condition) that may impact on your ability to undertake the <i>Stage 2 – Competency Based Assessment</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.2	If you answered Yes in Question 8.1, please provide relevant details (please continue on additional sheets if required).	

Section 9 – Chiropractic experience**Evidence of chiropractic employment and experience**

Provide a résumé that includes details of your employment and experience as a chiropractor since graduation, by completing Table for Section 11 of this application. For each of the positions in your résumé you must include:

- a. name of employer and full address of the place of employment (including current email and telephone details)
- b. nature of the business (indicate if you were self-employed)
- c. start and finish dates of each period of employment
- d. your position and/or title and state whether you worked full-time or part-time (specify hours per week)
- e. brief description of your responsibilities for patient care including: scope of practice, types of conditions treated and any equipment that you used.

Evidence should be provided for each position detailed on your résumé, e.g. payslips, contracts or references. If written references are used as evidence, please note the mandatory requirements for references listed below.

(Note: new graduates do not need to complete and submit a résumé.)

Written references

Please provide at least two written references related to work experiences during the past 10 years. A minimum of two references are required. They may be from:

- a. Place of employment/employer
- b. Practical placement or clinical supervisors (if you are a new or recent graduate)
- c. Professional colleagues (if you are/were self-employed)

Each written reference must:

- be on letterhead of the referee's clinic, institution or hospital and include the referee's full address (including current email and telephone details)
- be written less than six (6) months ago
- give the start and finish dates of each period of employment or work or supervision and state whether the work was full-time, part-time, locum etc.
- state the date that the reference was written
- be from a different clinic or hospital (If you are a new graduate, provide letters from two different clinical supervisors but these may be from the same institution)
- state the relationship of the referee to the applicant
- include the name, signature and position/job title of the referee
- state the nature of the business (indicate if self-employed)
- state your position and/or title
- include a description of your skills and responsibilities for patient care e.g. scope of practice, equipment used, conditions treated.

Table for Section 9. Résumé of chiropractic employment

Name and full address of employer/place of employment	Nature of business <i>(indicate if self-employed)</i>	Start and finish dates	Your position/title <i>(include if full- or part-time; hours per week)</i>	Brief description of your skills and responsibilities for patient care

Note: Continue on additional copies of this sheet if more space is required.

Section 10 – Declaration

The applicant's signature must be witnessed by a person authorised to certify documents. See the guidelines on certifying documents for purposes required by the National Law at www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents.aspx

I declare that:

- The information provided in this application and all attached supporting documents is true, complete and current at the time of signing this declaration
- I am the person named in the application form and identified in all attachments
- I agree to inform the Council on Chiropractic Education Australasia (CCEA) of any changes to my circumstances (including address) while my application is being assessed
- I have read and understand the CCEA's Privacy Notice, as stated in this application form, and I consent to the CCEA collecting and using my personal information in accordance with its Privacy Notice
- I authorise the CCEA to make any enquiries necessary to assist in the assessment of my qualifications and skills and to use any information supplied in this application for that purpose.
- If I have disclosed anyone else's personal information in this application, I confirm that I have made a copy of the CCEA's Privacy Notice available to that person.
- I agree that this completed application form and all attached supporting documents become the property of the CCEA and will not be returned and my fee will not be refunded.
- If eligible to undertake the *Stage 2 – Competency Based Assessment*, I agree to abide by the code of conduct for these assessments and understand that I may be disqualified from the assessment and from receiving assessment results and may forfeit eligibility to sit future assessments if found to be in breach of this code.

Signature of applicant	Date (day/month/year)
Signature of witness	Date (day/month/year)
Legal title of witness	Telephone number of witness
Address of witness	<i>Stamp/seal of witness (if applicable)</i>

Section 11 – Application fee in Australian Dollars

The application fee must be paid in Australian Dollars. Payment may only be made by Electronic Funds Transfer/Direct Deposit to:

Bank: National Australia Bank
BSB: 082-309

Account name: Council on Chiropractic Education Australasia Ltd.
Account number: 8383 80369

Swift code (international use only): NATA AU 3303 M Bank address: Hornsby Branch, Hornsby NSW 2077 Australia

* The application fee is published at www.ccea.com.au. The fee is subject to change without notice. Refunds of application fees are not available.

11.1	Payment method	<input type="checkbox"/> Electronic Funds Transfer/Direct Deposit ** ** Electronic Funds Transfer/Direct Deposit: The applicant's name must be included as the reference for the payment. A copy of the deposit receipt or similar evidence of the funds transfer must be emailed to CCEA to initiate the assessment process. The applicant is liable for all bank fees and exchange rate charges associated with the payment of their application fee. Please email confirmation/evidence of fee payment to: admin@ccea.com.au
11.2	Submission of application	Please send this completed application form and all supporting documents to: ccea.assessments@iasolutions.org

Section 12 – Checklist

Please complete this checklist to ensure that all required documents have been included and submit with your completed application form and supporting documents.
If all of the required documentation is not provided, your application will not be assessable.

- Application form: the completed *Stage 1 Desktop Audit - Form C*. Application for skills assessment for migration to Australia and/or registration as a chiropractor in Australia or New Zealand. For chiropractors with an overseas qualification that is not from an accredited institution
- Proof of identity: a scanned colour copy at 300dpi resolution or higher of your valid passport identity page
- Change of name documentation (if applicable): a scanned colour copy at 100dpi resolution or higher of your marriage certificate, deed poll or divorce papers
- Graduation certificate(s): a scanned colour copy at 100dpi resolution or higher of the graduation certificate from your relevant chiropractic qualification(s)
- Academic transcript(s): arrange for your training institution to email an official Academic transcript/statement of your relevant chiropractic qualification(s) directly to the CCEA
- Certificate of registration: a scanned colour copy at 100dpi resolution or higher of your current registration certificate(s)/licence(s)
- Certificate of registration status/good standing: arrange for your registering or licensing authority/ies or training institution to email this documentation directly to the CCEA
- Résumé and evidence of chiropractic employment (if applicable): complete Table for Section 9 and submit with your completed application
- Written references: scanned colour copy at 100dpi resolution or higher of two (2) written references from the past 10 years
- NBCE and/or CCEB assessment results (if applicable): arrange for the NBCE and/or CCEB to email this documentation directly to the CCEA
- Health status documents (if applicable): scanned colour copy at 100dpi resolution or higher of official documentation attesting to a disability, medical condition and/or pregnancy
- Translated documents (if applicable): scanned colour copy at 100dpi resolution or higher of official English translations (NAATI accredited translators) of all documents written in a language other than English
- Declaration: signed and witnessed according to the requirements of Section 10
- Application fee: payment of the application fee in Australian dollars by electronic funds transfer/direct deposit, with confirmation/evidence of fee payment emailed to admin@ccea.com.au

I understand that I must submit to the CCEA this completed checklist together with my completed *Stage 1 Desktop Audit – Form C Application for skills assessment for migration to Australia and/or registration as a chiropractor in Australia or New Zealand*, together with the relevant supporting documentation. I understand that the fee is non-refundable.

Signature of applicant: _____ Date: _____

Official Use Only

Date Received:

Application Number: