

2022 Renewal Application

Please Print All Information — Incomplete Application Forms Cannot Be Processed

Ms Mr. Mrs. _____
Mailing Address: _____
City: _____ Prov: _____ Postal Code: _____
Phone #: _____ Email: _____

Membership

ALL Professional Members must participate in the IEBWA Pet and Equine Professional Liability Insurance Plan. *Please submit Proof of Insurance*. Memberships will be valid for the year your application is processed.

Select Your Membership Type:

Professional Equine (\$75.00) **Professional Small Animal** (\$75.00) **Affiliate** (\$75.00) **Equine Student** (\$25.00) **Canine Student** (\$25.00)

Graduates from the Equinology and Caninology Program of studies or from an IEBWA approved school may join as Professional Members.

Student Membership will be upgraded upon completion of your approved program.

Graduates from other programs will be considered for Affiliate Membership on an individual basis. The program must include at least 300 hours of instruction, including hands-on instruction and a final student evaluation. Applicants from this group must submit a detailed program description, grades, and proof of successful completion.

ALL Members must agree to, and abide by, the IEBWA code of conduct which includes NO diagnosing, NO prescribing medications* of any type, and NO chiropractic techniques.

Methods of Payment

1. **Cheque** (made payable to: **IEBWA**)
2. **Email Transfer** (email to: treasurer@iebwacanada.com) *****PW: iebwamember** (if the etransfer is not in your name please send a message to identify who the payment is from)
3. **DO NOT SEND CASH**

Methods of Submission

1. **Mail to:** IEBWA Membership Coordinator (IEBWA Canada, Box 137, Torrington, Alberta, T0M 2B0) *OR*
2. **Email to:** membership@iebwacanada.com

Documents Required

1. IEBWA New Applicant Members must submit the required membership fee along with proof of completion of IEBWA course and externship or Acceptable Graduation Certificate from a school recognized by IEBWA Canada.
2. **Proof of valid Professional Indemnity Insurance**
3. Once accepted for Membership it is the responsibility of the individual Member to document and report Continuing Professional Education (CPE) with their Renewal Application the following year. Please see the IEBWA Canada Constitution for guidelines regarding CPE.

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Agreement

I, the undersigned applicant, do hereby agree that all fees paid to IEBWA are non-refundable. I hereby state that I have no knowledge of any incident, pending claims or legal suits, nor have any been filed against me related to my practice as a body worker. No documentation for certification or registration has been revoked and no disciplinary action is pending against me in relation to my trades specialty. I also agree and understand that members of the IEBWA will follow the Code of Conduct and will not perform any work that is outside the scope of practice pertaining to my hands-on healing arts specialty and that any work performed by me in this regard that infringes upon the scope of practice of any other regulated health care specialty can result in removal from the IEBWA.

Signature (**REQUIRED**)

Date

Technique Acknowledgement and Liability Waiver

Chiropractic techniques, medication prescription and acupuncture are all areas of veterinary medicine that are defined, either formally or informally, as veterinary or chiropractic professional scope of practice. As an Association that is regarded for the team approach to animal welfare, respecting these boundaries and utilizing qualified professionals as required is critical to our objective of bridging the gap and bringing awareness to our level of standards and practicing Code of Conduct.

Chiropractic techniques are defined as any manipulation conducted with force, high velocity, tools or intention.

Acupuncture is defined as any intentional piercing of the skin with a needle.

Medicine is defined as any substance that is regulated with a DIN number.

Additionally, being aware of terminology use in communications and advertisements should be mindful of our scope of practice. For a list of sensitive terminology please contact membership@iebwanada.com or reference your welcome package.

By signing below, I acknowledge that as a member of the IEBWA I will not utilize any technique or prescribe any medication, as defined above, that can be construed as veterinary or professional scope of practice. This includes advertising such services in any capacity.

Signature (**REQUIRED**)

Date