



Application for a Certificate of Current Professional Status

Who will you send a certificate to?

The General Chiropractic Council issues Certificates of Current Professional Status to other regulators either in the UK or overseas.

Why won't you send a certificate to anyone other than another regulator?

The purpose of the certificate is to provide details of your standing with the GCC to aid those other regulators in making a decision on an application with them and includes information on your qualification as well as whether or not there are current or past disciplinary matters against you.

How long will it take?

We aim to process and issue certificates within 15 working days of receiving the application. Certificates are emailed direct to other regulators; we no longer print and post certificates.

How much does it cost?

The GCC charges £50 to cover the costs of producing a Certificate of Current Professional Status, which includes staff time, stationery and postage costs. The fee can be paid by credit or debit card by filling in the payment form [\[here\]](#). Please note that we will not issue a certificate until the fee has been paid.

Where do I send my completed application?

Email the completed form to us at registrations@gcc-uk.org, along with the card payment form.

What if I have a question?

Questions can be emailed to registrations@gcc-uk.org.

Your details

Please fill in all sections of this form and ensure you sign and date the declaration

Your full registered name:	
GCC registration number:	
Date of birth:	
If your personal email has changed, please provide your new email address below:	

Details of regulator certificate should be sent to

Please give us the full details of the regulatory body you would like us to send the certificate to. We do not send certificates to other organisations or to registrants direct

Name of regulator:	
Please provide their email address below:	

Declaration

Please read the declaration and tick all of the boxes to confirm you have reads and understood it, before signing and dating it below

- I acknowledge that the Certificate of Current Professional Status will contain the following information:
 - your full name
 - sex
 - date of birth
 - nationality
 - primary chiropractic qualification and the date it was awarded
 - registered address
 - registration status
 - registration number
 - date of first entry on the Register
 - date of expiry of your current or last registration
 - history of any actions
 - information on any pending actions.

- I give consent to the disclosure of the information above to the regulatory body named in this application.

- I declare that the information I have provide in this application for a Certificate of Current Professional Status is complete, true and accurate.

Signed: _____ Dated: _____