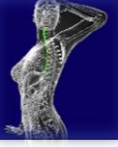


# CASA Membership Manual Application Form 2022



## Personal details – 2022

### Member Information:

Discipline:  Chiropractor  Chiropractic Student  Osteopath

CASA Member Number: \_\_\_\_\_ ID number: \_\_\_\_\_

Name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

Title: \_\_\_\_\_ Initials: \_\_\_\_\_

Gender:  Male  Female

AHPCSA/Student number: \_\_\_\_\_ Practice number: \_\_\_\_\_

### Personal Physical Address:

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Code: \_\_\_\_\_

Country: \_\_\_\_\_

### Billing Address:

Same as physical address

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Code: \_\_\_\_\_

Country: \_\_\_\_\_

### Personal Contact Details:

Home phone number: \_\_\_\_\_ Cellular number: \_\_\_\_\_

Work phone number: \_\_\_\_\_ International number: \_\_\_\_\_

Fax number: \_\_\_\_\_ Email address: \_\_\_\_\_

### Education Details:

Highest qualification:  Doctor of Chiropractic  M.Tech.Chiro (Masters in Technology Chiropractic)

Osteopath  Student:

Other: \_\_\_\_\_

Institute:  Durban University of Technology (DUT)  University of Johannesburg (UJ)

Other: \_\_\_\_\_

Year you qualified/will qualify as a Chiropractor/Osteopath: \_\_\_\_\_



## Membership:

### Membership Details:

#### Description:

#### Price

Full member:	<input type="checkbox"/>	R <u>5 760,00</u>
Associate member:	<input type="checkbox"/>	R <u>2 880,00</u>
Affiliate member:	<input type="checkbox"/>	R <u>2 880,00</u>
Foreign member:	<input type="checkbox"/>	R <u>2 880,00</u>
Recent Graduate:	<input type="checkbox"/>	R <u>2 880,00</u>
Non-Practising Member:	<input type="checkbox"/>	R <u>2 880,00</u>
Student:	<input type="checkbox"/>	R <u>160,00</u>

#### Choice of CASA Provincial Branch:

<input type="checkbox"/> Eastern Cape	<input type="checkbox"/> Free State	<input type="checkbox"/> Foreign
<input type="checkbox"/> Gauteng	<input type="checkbox"/> KZN	<input type="checkbox"/> Mpumalanga
<input type="checkbox"/> Western Cape		

### Additional Benefits:

#### Description:

#### Price

Paediatric Chiropractic SA	<input type="checkbox"/>	R <u>575.00</u>
Paediatric Chiropractic SA – Student & First year practice rate	<input type="checkbox"/>	R <u>529.00</u>
Sponsor a disadvantaged student's CASA membership	<input type="checkbox"/>	R <u>160.00</u>

### MPI Options:

DISCIPLINE	LIMIT OF COVER		
	Student Cover R5 Million	R5 Million	R10 Million
Chiropractic	<input type="checkbox"/> R 75.00	<input type="checkbox"/> R 175.00	<input type="checkbox"/> R 240.00
Additional Forensic Audit Cover	<input type="checkbox"/> R 100.00		
No Malpractice Insurance	<input type="checkbox"/> <i>By selecting the "No Malpractice Insurance" option, I acknowledge that I have chosen not to partake in the Malpractice Insurance negotiated by CASA and understand that it is my own responsibility to contact an Insurer directly to ensure that I am sufficiently covered considering my own personal risk profile.</i>		

### MPI Registration Information:

#### In the last 5 years:

- Has any formal written complaint been made against you with any regulatory body, including the AHPCSA, in your capacity as a medical practitioner?  Yes  No
- Has any disciplinary enquiry been initiated against you with any regulatory body, including the AHPCSA, in your capacity as a medical practitioner?  Yes  No
- Has any monetary claim been made against you arising out of your professional conduct as a medical practitioner?  Yes  No

If you have answered yes, any of the questions above then please provide us with additional information so that your application may be considered. Kindly forward this information to [admin@casacouncil.co.za](mailto:admin@casacouncil.co.za)



#### **PLEASE NOTE:**

For any MPI enquiries, advice or proof of cover requests, kindly email Shackleton directly at, [medmal@srisk.co.za](mailto:medmal@srisk.co.za)



## Work environment – 2022

### Member Details:

Private Practice       University Lecturer       Other: \_\_\_\_\_

PCNS number (Practice number from the BHF): \_\_\_\_\_

If you have a VAT number, please enter it here: \_\_\_\_\_

What Practice Management System (PMA)/Billing system do you use? \_\_\_\_\_

What billing structure are you using in your practice?       I bill my own private rates       National Health Reference Price List (RPL)

What entity are you practicing as?       Associate       Partner       Incorporated Company       Solus Practice (in your own personal capacity)

How many chiropractors do you employ? \_\_\_\_\_

How many non-clinical staff do you employ? \_\_\_\_\_

Would you consider having your practice accredited by CASA, if this meant that your practice would be acknowledged as a CASA Endorsed practice?

Yes       No

Would you like to make your practice information available to the public by adding your details to the “Find a Chiropractor” functionality, available on both, the CASA public website and membership portal?

Yes       No



### **PLEASE NOTE:**

By selecting ‘Yes’, your practice details will be listed on the “Find a Chiropractor” system, which is accessible by the public through the CASA Public website and Membership Portal.

### Practices:

Building: \_\_\_\_\_

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_

City/Town: \_\_\_\_\_

Area Code: \_\_\_\_\_

Province: \_\_\_\_\_

Building: \_\_\_\_\_

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_

City/Town: \_\_\_\_\_

Area Code: \_\_\_\_\_

Province: \_\_\_\_\_



### Areas of interest:

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Sports              | <input type="checkbox"/> Paediatrics | <input type="checkbox"/> Geriatrics      |
| <input type="checkbox"/> Nutrition           | <input type="checkbox"/> Veterinary  | <input type="checkbox"/> Rehabilitation  |
| <input type="checkbox"/> Functional medicine | <input type="checkbox"/> Scoliosis   | <input type="checkbox"/> Family practice |
- 

### Treatment facilities:

- |   |   |
|---|---|
| <input type="checkbox"/> Consulting rooms   | <input type="checkbox"/> Corporate/workplace consulting |
| <input type="checkbox"/> Domiciliary visits | <input type="checkbox"/> Rehabilitation facility        |
- 

### Techniques:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Activator                 | <input type="checkbox"/> Applied kinesiology    | <input type="checkbox"/> Advanced Biostructural Correction (ABC) |
| <input type="checkbox"/> Diversified               | <input type="checkbox"/> Gonsted                | <input type="checkbox"/> Logan Basic                             |
| <input type="checkbox"/> Neuro Emotional Technique | <input type="checkbox"/> Neuro Impulse Protocol | <input type="checkbox"/> Neural Organisation Technique           |
| <input type="checkbox"/> Sacro Occipital Technique | <input type="checkbox"/> Torque Release         | <input type="checkbox"/> Thompson drop                           |
- 

### Modalities:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Dry Needling                   | <input type="checkbox"/> Electrotherapy modalities | <input type="checkbox"/> Extremity Manipulation            |
| <input type="checkbox"/> Flexion/distraction            | <input type="checkbox"/> Kinesiotaping             | <input type="checkbox"/> Massage                           |
| <input type="checkbox"/> Proprioceptive / Kinesiotaping | <input type="checkbox"/> Shockwave                 | <input type="checkbox"/> Soft Tissue Instrument adjustment |
- 

## **Important Information 2022**

I use the following calendar system in my practice:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Google Calendar | <input type="checkbox"/> iCloud Calendar | <input type="checkbox"/> Office 365 (cloud version of Outlook)  |
| <input type="checkbox"/> Paper Diary     | <input type="checkbox"/> None            | <input type="checkbox"/> A calendar integrated with my billing system / PMA (Practice Management Application) |

I would like to use the CASA membership portal to make Online purchases:

- |                             |                                  |                              |
|-----------------------------|----------------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Perhaps | <input type="checkbox"/> Yes |
|-----------------------------|----------------------------------|------------------------------|

Please rate your experience of the CASA membership portal:

- |                               |                                   |                                      |                               |                                    |
|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------|------------------------------------|
| <input type="checkbox"/> Poor | <input type="checkbox"/> Not Good | <input type="checkbox"/> Fairly Good | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------|------------------------------------|

Please rate your experience of the membership renewal process:

- |                               |                                   |                                      |                               |                                    |
|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------|------------------------------------|
| <input type="checkbox"/> Poor | <input type="checkbox"/> Not Good | <input type="checkbox"/> Fairly Good | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------|------------------------------------|

Please rate your experience of CASA Head Office:

- |                               |                                   |                                      |                               |                                    |
|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------|------------------------------------|
| <input type="checkbox"/> Poor | <input type="checkbox"/> Not Good | <input type="checkbox"/> Fairly Good | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------|------------------------------------|

What are the things that CASA should continue doing?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Webinars                    | <input type="checkbox"/> Industry Communication | <input type="checkbox"/> Webinar Replays & CPD quizzes |
| <input type="checkbox"/> Practice Accreditation      | <input type="checkbox"/> Classifieds            | <input type="checkbox"/> Social Media Communication    |
| <input type="checkbox"/> Other, please Specify _____ |   |  |
- 

What are the things that our organization should stop doing?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Webinars                    | <input type="checkbox"/> Industry Communication | <input type="checkbox"/> Webinar Replays & CPD quizzes |
| <input type="checkbox"/> Practice Accreditation      | <input type="checkbox"/> Classifieds            | <input type="checkbox"/> Social Media Communication    |
| <input type="checkbox"/> Other, please Specify _____ |   |  |
- 

Which benefits do you take the most advantage of?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Webinars                    | <input type="checkbox"/> Industry Communication | <input type="checkbox"/> Webinar Replays & CPD quizzes |
| <input type="checkbox"/> Practice Accreditation      | <input type="checkbox"/> Classifieds            | <input type="checkbox"/> Social Media Communication    |
| <input type="checkbox"/> Other, please Specify _____ |   |  |
-



**Do you have any suggestions or comments on how CASA could improve its services/offerings to members?**


## Terms and Conditions - 2022

### TERMS AND CONDITIONS FOR MEMBERSHIP OF THE CHIROPRACTIC ASSOCIATION OF SOUTH AFRICA FOR 2022.

Membership of a member shall be terminated by the CASA Council without delay, when such a member has been found guilty and convicted in any competent forum of a criminal offence and been sentenced to imprisonment, with or without the option of a fine; or of improper or unprofessional conduct in failing to carry out his duties as a chiropractor.

Approval of membership and admission to the Association shall be in the sole discretion of the CASA Council. All fees are determined annually by CASA Council and every member shall be bound by the provisions hereof.

Any member may resign from the Association by delivering a written letter of resignation to the Head Office and lodging a copy thereof with the Secretary General, but he shall remain liable for all charges or fees for the full year in which such notice is given.

- I accept the CASA Terms and Conditions.
- I have read, understand, and agree to adhere to the AHPCSA Code of Ethics, that CASA adheres to.  
To download the AHPCSA Code of Ethics [Click here](#)
- I grant permission to CASA to request my practice claims data from the electronic switching houses, in order to empower CASA in negotiations and engagements with third party funders. I understand that my information will not be used against me or my practice, but be de-identified and anonymized, aggregated and analysed so that CASA may better understand the claims profile of Chiropractors.
- I acknowledge that I am aware that CASA is not an authorised financial services provider.