

Certification of Registration/ Licensing Body



College of
Chiropractors
of Ontario

SECTION I:

To be completed by applicant and forwarded to the registration/licensing board in the jurisdiction(s) in which you have been registered as a chiropractor/podiatrist or in any other health profession, and forwarded directly to the College of Chiropractors of Ontario.

SURNAME	GIVEN NAME(s)	FORMER NAME(s)
ADDRESS		
I authorize _____ to provide the information requested below and any (Name of Registration/Licensing Board) additional information requested by the College of Chiropractors of Ontario in order to process my application.		
_____ (Applicant's signature)		_____ (Date)

SECTION II:

To be completed by the registration/licensing board and forwarded directly to the College of Chiropractors of Ontario.

I, _____, the Registrar/Secretary acting on behalf of the (Name of Registrar/Secretary)	
_____ do hereby certify that the following statements are (Name of Board)	
true statements of the registration record for:	
_____ (Registrant's Name)	_____ (Registration/License Number)
_____ (Date of Registration)	_____ (Category of Registration)
Does the registrant have any terms conditions or limitations placed on his/her registration licence to practice? NO <input type="checkbox"/> YES <input type="checkbox"/>	
Has the registrant had any findings of professional misconduct, incompetence or incapacity? NO <input type="checkbox"/> YES <input type="checkbox"/>	
Is the registrant subject of any current proceedings for professional misconduct, incompetence or incapacity? NO <input type="checkbox"/> YES <input type="checkbox"/>	
If the answer is yes to any of the above, please provide additional information, including a description of matter and relevant findings.	
_____ (Signature)	_____ (Date)

