

Application for General Certificate of Registration

College of
Chiropractors
of Ontario

INSTRUCTIONS

- The requirements for registration with the College are found in the College's Registration Regulation, which has been attached for your convenience.
- In order for this application to be processed you must:
 - Complete this application in full.
 - Enclose a non-refundable \$200.00 application fee. **Cheques must be made payable to the College of Chiropractors of Ontario**, or you may pay by credit card by completing the credit card authorization section of this application. We only accept VISA and MASTERCARD.
 - Ensure that an official transcript of successful completion of an approved program in chiropractic/podiatry has been sent **directly to the College from your educational institution**. A transcript must confirm that a degree/diploma has been granted.
 - Ensure that an official transcript of successful completion of any other academic program (not related to chiropractic/podiatry) has been sent **directly to the College from your educational institution**. A transcript must confirm that a degree/diploma has been granted.
 - If you have practised as a Chiropractor/Podiatrist or in any other health profession in another jurisdiction, complete section I on the Certification of Registration form and forward it to the registration/licensing board. This form must be forwarded to the College of Chiropractors of Ontario **directly from the registration/licensing body**.
 - Complete Section I on the Certification of Clinical Experience form and forward it to the school of chiropractic/podiatry, hospital, other institution or a practising registered chiropractor/podiatrist who can validate your clinical experience.
- The College registration year runs from February 14 of any given year till February 13 the next year. The registration fee is \$1700.00. For applicants who have never been registered with the College and are registering on or after July 1st in a year, the annual fee payable for the duration of the year is \$850.00.
- Incomplete applications will be returned to the applicant. Should your application be denied, you will be advised of the reason(s) and the process to appeal the decision.
- Please note that you may not hold yourself out to be a "chiropractor"/"podiatrist" in the Province of Ontario until after you have been advised by the College that your Certificate of Registration has been fully and finally approved.

SECTION A: PERSONAL INFORMATION

SURNAME		FIRST NAME		MIDDLE NAME		FORMER NAME(s)	
STREET ADDRESS				CITY		PROVINCE	
POSTAL CODE		COUNTRY		HOME TELEPHONE		CELL PHONE	
E-MAIL (if applicable)		DATE OF BIRTH (dd/mm/yy)		FEMALE <input type="checkbox"/>		MALE <input type="checkbox"/>	
BUSINESS: NAME OF FACILITY							
BUSINESS STREET ADDRESS				CITY		PROVINCE	
POSTAL CODE		COUNTRY		BUSINESS TELEPHONE		BUSINESS FAX	
PREFERRED MAILING ADDRESS		HOME <input type="checkbox"/> or BUSINESS <input type="checkbox"/>					
DO YOU PREFER SERVICES FROM THE COLLEGE IN				ENGLISH <input type="checkbox"/>		FRENCH <input type="checkbox"/>	
LANGUAGES SPOKEN (list all languages in which you are able to communicate with your patients)							
ARE YOU: (choose one only)		A CANADIAN CITIZEN <input type="checkbox"/>		A PERMANENT RESIDENT OF CANADA <input type="checkbox"/>		AUTHORIZED UNDER THE IMMIGRATION ACT TO PRACTISE THE PROFESSION IN CANADA <input type="checkbox"/>	

SECTION B: EDUCATIONAL DATA

CHIROPODY/PODIATRY EDUCATION Ensure that official transcripts have been sent directly to the College from your educational institution . A transcript must confirm that a degree/diploma has been granted.			
NAME AND ADDRESS OF EDUCATIONAL INSTITUTION	DEGREE/DIPLOMA OBTAINED	DATE COMPLETED (dd/mm/yy)	LENGTH OF PROGRAM (YEARS)

OTHER DEGREES/DIPLOMAS Include other undergraduate/graduate University/College degrees or diplomas. Ensure that official transcripts have been sent directly to the College from your educational institution . A transcript must confirm that a degree/diploma has been granted.		
NAME AND ADDRESS OF EDUCATIONAL INSTITUTION	DEGREE/DIPLOMA OBTAINED	DATE COMPLETED (dd/mm/yy)

SECTION C: REGISTRATION/LICENSURE DATA

Ensure that official evidence of your registration has been sent to the College of Chiropractors of Ontario **directly from the registration/licensure body**.

NAME AND ADDRESS OF REGISTRATION BODY	REGISTRATION/LICENCE #	FROM REGISTERED TO	
NAME ADDRESS			
NAME ADDRESS			
NAME ADDRESS			

SECTION D: EMPLOYMENT SUMMARY

1. To assist us in validating current practice references, please complete this summary of your employment as a registered chiropodist/podiatrist since the time of your graduation (start with most recent). Please attach your complete resume/curriculum vitae to this application form.

NAME AND ADDRESS OF INSTITUTION/FACILITY/AGENCY	STATUS/POSITION HELD	DATES OF EMPLOYMENT (dd/mm/yy)
TELEPHONE CONTACT PERSON:		FROM: TO:
TELEPHONE CONTACT PERSON:		FROM: TO:
TELEPHONE CONTACT PERSON:		FROM: TO:
TELEPHONE CONTACT PERSON:		FROM: TO:
TELEPHONE CONTACT PERSON:		FROM: TO:

2. Complete the separate enclosed form "CERTIFICATION OF CLINICAL EXPERIENCE" and forward it to the school of chiropody/podiatry, hospital, institution or the practising registered chiropodist/podiatrist who can validate your clinical experience.

SECTION E: DECLARATION OF CONDUCT

- Have you engaged in clinical practice as a registered chiropodist/podiatrist for at least a three-month period over the last two years?
☐ Yes ☐ No
- Have you been found guilty of any criminal offence, an offence under the *Narcotic Control Act* (Canada) or the *Food and Drugs Act* (Canada), or any other offence relevant to suitability to practice?
☐ Yes ☐ No
- Have you been the subject of any findings of professional misconduct, incompetence or incapacity in Ontario in relation to another health profession or in another jurisdiction in relation to chiropody/podiatry or another health profession?
☐ Yes ☐ No
- Are you the subject of any current proceedings of professional misconduct, incompetence or incapacity in Ontario in relation to another health profession or in another jurisdiction in relation to chiropody/podiatry or another health profession?
☐ Yes ☐ No

SECTION F: DECLARATION OF COMPLIANCE

1. I hereby certify that the statements made by me in this form are complete and correct. I understand that a false or misleading statement may be cause for revoking of my certificate of registration.
2. I hereby authorize the sources referred to on this form to release to the College of Chiropractors of Ontario all information about me in the possession of the source for the purpose of the College registration.
3. I agree to comply with the *Regulated Health Professions Act, 1991*, the *Chiropractic Act, 1991* and regulations under either of those Acts, and the by-laws, Code of Ethics Standards of Practice, and Policies and Guidelines of the College of Chiropractors of Ontario.
4. I understand that it is my responsibility to pay the annual renewal fees and to submit the annual application for renewal to the Registrar of the College on or before February 14 each year.
5. I understand that it is my responsibility to notify the College, within 30 days, by mail, fax or electronic mail of any change of name, business address (for any place of practice), business telephone number (for any place of practice), home address, home telephone number, e-mail address and citizenship status.

Signed: _____ Date: _____

Print: _____ Fee enclosed: \$ _____

CREDIT CARD AUTHORIZATION FORM

(Please ✓ one box only) ☐ VISA ☐ MASTERCARD

Cardholder's Name: _____

Applicant's Name (if different): _____

Card Number: _____ Expiry Date: _____

By my signature I authorize the College of Chiropractors of Ontario to charge my Visa or MASTERCARD account with the amount of \$_____ in Canadian funds.

Cardholder's Signature: _____ Date: _____

For office use only

Authorization Number: _____ , Date: _____