



COLLEGE OF CHIROPODISTS OF ONTARIO

180 Dundas Street West, Suite 2102
Toronto, ON, Canada M5G 1Z8
Tel. (416) 542-1333 Fax (416) 542-1666

APPLICATION FOR REGISTRATION CHECKLIST

- ☐ \$500.00 non-refundable application fee, payable to the College of Chiropodists of Ontario.
- ☐ Application for General Certificate of Registration.
- ☐ Certification of Three Month Clinical Experience/Internship Form. Must be forwarded to the College directly from the certifying institution or practitioner.
- ☐ Official transcript of successful completion of an approved chiropody/podiatry program. Transcripts must come directly from the educational institution to the College. A transcript must confirm that a degree/diploma has been granted.
- ☐ Official transcript of successful completion of other academic program(s). Transcripts must come directly from the educational institution to the College. A transcript must confirm that a degree/diploma has been granted.
- ☐ Official evidence of registration with a licensing body sent to the College directly from the registration/licensing body (applies only to applicants who practiced in another jurisdiction).
- ☐ Complete resume / curriculum vitae
- ☐ Photocopy of your graduation diploma from the chiropody/podiatry program.
- ☐ Photocopy of your birth certificate.
- ☐ Applicant must provide proof they are a Canadian citizen, or a permanent resident of Canada, or authorized under the Immigration Act (Canada) to practise the profession in Canada.