



# COLLEGE OF CHIROPODISTS OF ONTARIO

180 Dundas Street West, Suite 1901  
Toronto, ON, Canada M5G 1Z8  
Tel. (416) 542-1333 Fax (416) 542-1666

## **APPLICATION FOR REGISTRATION CHECKLIST**

- ☐ \$200.00 non-refundable application fee, payable to the College of Chiropodists of Ontario.
  - ☐ Application for General Certificate of Registration.
  - ☐ 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.
  - ☐ Complete resume / curriculum vitae
  - ☐ 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.
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- ☐ Certification of Three Month Clinical Experience/Internship Form. Must be forwarded to the College directly from the certifying institution or practitioner.  
**To come in a letter from the Michner**
  - ☐ Photocopy of your graduation diploma from the chiropody/podiatry program.  
**To be provided after graduation**
  - ☐ 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.  
**To come directly from the Michner**