



**AUTHORIZATION TO WORK IN CANADA**

You must be authorized to work in Canada by one of the following provisions. Please indicate which provision applies to you.

- Canadian citizen
- Permanent resident
- Unrestricted employment authorization under the *Department of Citizenship and Immigration Act, 1994 (Canada)*
- If no category applies, provide explanation: \_\_\_\_\_

**MALPRACTICE INSURANCE INFORMATION** (please indicate/confirm carrier and coverage) \_\_\_\_\_

**CHIROPRACTIC SPECIALTY INFORMATION ON RECORD**

Please indicate if you have any of the following specialty designations and the date obtained:

- FCCO(C) – Fellow of the College of Chiropractic Orthopedists (Canada): \_\_\_\_\_
- FCCR(C) – Fellow of the Chiropractic College of Radiologists (Canada): \_\_\_\_\_
- FCCRS(C) – Fellow of the College of Chiropractic Rehabilitation Sciences (Canada): \_\_\_\_\_
- FCCS(C) – Fellow of the College of Chiropractic Sciences (Canada): \_\_\_\_\_
- FCCSS(C) – Fellow of the College of Chiropractic Sports Sciences (Canada): \_\_\_\_\_

**INFRACTIONS SINCE REGISTRATION** (if applicable)

Provide details of the following that have occurred since the date of your most recent renewal with CCO, including the description, date, name and location of the court, and appeal status relating to the finding (use separate page). Check the appropriate box(es) below:

1. Have you been found guilty of a criminal offence?  YES  NO
2. Have you been found guilty of a non-criminal offence (e.g., a provincial offence) which may be relevant to your suitability to practise?  YES  NO
3. Has there been a finding of professional misconduct, incompetence or incapacity in relation to another health profession in Ontario or in any other jurisdiction in which you are registered or licensed to practise chiropractic or another health profession?  YES  NO
4. Is there currently a proceeding for professional misconduct, incompetence or incapacity in relation to another health profession in Ontario or in any other jurisdiction in which you are registered or licensed to practise chiropractic or another health profession?  YES  NO
5. Has there been a finding of professional negligence or malpractice against you, which has not been reversed on appeal?  YES  NO

The information collected on this form is used only for the purpose of regulating the profession and practice of chiropractic.

- Please check here if you do not want your facsimile or e-mail address printed in CCO's directory.

**REGISTRATION PAYMENT INFORMATION**

Please make cheque(s) payable to College of Chiropractors of Ontario. Credit card payments not accepted. Registration renewals must be received by **January 1, 2010**, or be subject to a late payment fee.

**General Certificate Registrants (Active, Non-practising, Non-resident):**

- enclosed is my full fee payment of \$850, payable January 1, 2010
- enclosed are my two payments of \$450 each, payable January 1, 2010 and June 1, 2010
- \$100 late payment fee (if applicable)

**Inactive Certificate Registrants:**

- enclosed is my full fee payment of \$475, payable January 1, 2010
- \$20 late payment fee (if applicable)

**Retired Certificate Registrants**

- enclosed is my full fee payment of \$100, payable January 1, 2010
- \$20 late payment fee (if applicable)

**CCEB Examiner**

I served as a CCEB examiner for the year **2009**:  1 sitting  2 sittings

*Please note: if you served as a CCEB examiner for one sitting, you must pay half of the Active registration fee, which totals to \$450. If you served as a CCEB examiner for two sittings, you are exempt from paying the full Active registration fee.*

Payment enclosed:  \$450  Fee exempt

**NOTE: This renewal form must be completed in full, signed and dated before it can be processed. Incomplete forms will not be considered to have met the due date and will be returned to the member, which may result in the member being charged a late fee. Cheques that are returned N.S.F. or are non-negotiable (i.e., misdated, not signed or otherwise miswritten) will also be returned to the member. A \$50 charge will be applied to all N.S.F. cheques in addition to the late fee, if applicable.**

I declare the information as recorded on this registration form to be true and complete.

I confirm and undertake to advise CCO immediately if there is any change in the information provided in this form.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please contact CCO to change your class of certificate and to discuss the implications of any change.