



College of
Chiropractors
of Ontario

L'Ordre des
Chiropraticiens
de l'Ontario

59 Hayden Street, Suite 800
Suite 800
Toronto, ON M4Y 0E7

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Toll Free: 1-877-577-4772
Fax: 416-925-9610
E-mail: cco.info@cco.on.ca

**APPLICATION FOR
LEGISLATION & ETHICS EXAMINATION
February 11, 2021 – Online Examination**

(Due to the COVID-19 Pandemic, the February 11, 2021 Legislation and Ethics Examination will be offered online. Candidates should make themselves available for the entire day. Details for registered applicants, including the exact time of the examination, will follow closer to the examination date)

PLEASE PRINT

Name:

Last Name	First Name	Middle Name or Initial
<input type="checkbox"/> Male	<input type="checkbox"/> Female	

Previous Name:

(if any alteration in or change of name since registration at birth)

Please indicate whether you are right or left-handed:

right left

**Home / Mailing
Address:**

Street			
City	Province / State	Postal / Zip Code	Country
()	()		
Telephone	Fax	E-mail	

Date of Birth:

**Chiropractic
Colleges Attended:**

Dates of Attendance:

**Have you completed all
the requirements for
graduation?:**

Yes No

Graduation Date:

Post-Graduate Training:

Location	Description	Length
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Other Education:

Year(s)	University/College Attended	Degree / Diploma Conferred

1. Are you a Canadian citizen? YES NO If YES, skip question 2.

2. If you are not a Canadian citizen, are you:

a permanent resident of Canada or seeking authorization under the *Immigration Act* to engage in chiropractic

ATTACH:

- 1. Certified final chiropractic college transcripts (certified final chiropractic college transcript mailed directly from your chiropractic college to the CCO office)
- 2. 2" x 2" **coloured** photograph of self taken within the past year with full name written on the back
- 3. Copy of Government issued photo I.D. with photograph and signature of candidate
- 4. Examination fee of \$180 (Canadian) by certified cheque or money order payable to the College of Chiropractors of Ontario

DECLARATION

I, _____, of _____, in the
Print Name City/Town/Village

County of _____, declare the information as recorded in this form to be true and complete, and undertake to advise CCO immediately if there is any change in the information provided on this form. I understand it may be considered an act of professional misconduct to provide false information to CCO. I declare this as if I am doing so under oath.

Signature of Applicant

Examination Fee: \$180 (Canadian)

Payable by certified cheque or money order **only**. Please send to:

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