



College of
Chiropractors
of Ontario

L'Ordre des
Chiropraticiens
de l'Ontario

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APPLICATION FOR GENERAL (PROVISIONAL) CLASS OF CERTIFICATE OF REGISTRATION

Please note: It is a condition of registration that you inform CCO IMMEDIATELY about any changes to the information provided on this application.

The General (Provisional) class of certificate of registration shall expire at the earlier of being notified of an unsuccessful attempt of Part C of the Spring 2021 Canadian Chiropractic Examining Board (CCEB) Examination or eight weeks after the first available sitting of the CCEB examinations unless, at that time, the applicant has successfully passed all components of the CCEB examinations, at which point the applicant may be issued a General certificate of registration without these Terms, Conditions and Limitations (TCLs). No additional registration or certificate fee will be owing from the applicant, if this fee has already been paid for the General (Provisional) certificate of registration.

PLEASE PRINT

Name:

| | | |
|-----------|------------|------------------------|
| Last Name | First Name | Middle Name or Initial |
|-----------|------------|------------------------|

Male Female Other Date of Birth: _____

Previous Name:

(please provide a copy of your birth certification if there has been any alteration in or change of name since registration at birth)

Business

Address:

(if known)

Street

| | | | |
|------|----------------|-----------------|---------|
| City | Province/State | Postal/Zip Code | Country |
|------|----------------|-----------------|---------|

| | | |
|----------------------------|----------------------|--------|
| Telephone (with area code) | Fax (with area code) | E-mail |
|----------------------------|----------------------|--------|

Residence

Address:

Street

| | | | |
|------|----------------|-----------------|---------|
| City | Province/State | Postal/Zip Code | Country |
|------|----------------|-----------------|---------|

| | | |
|----------------------------|----------------------|--------|
| Telephone (with area code) | Fax (with area code) | E-mail |
|----------------------------|----------------------|--------|

Chiropractic College Attended: _____ Graduation Date: _____

Post-Graduate

Training:

| Location | Description | Length |
|----------|-------------|--------|
|----------|-------------|--------|

Other Education:

Year(s)

University/College Attended

Location

(province/state & country)

Degree/Diploma

(include field of study)

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |

Please answer all questions related to the General (Provisional) certificate of registration.

1. I have successfully passed Part A and Part B of the Canadian Chiropractic Examining Board (CCEB) Examinations YES NO
2. I am registered for Part C of the CCEB examination for the Spring 2021 CCEB Examination sitting YES NO
3. I am otherwise eligible for registration for Part C of the CCEB examinations for the Spring 2021 CCEB Examination sitting YES NO
4. I have registered or will register for CCO's Legislation and Ethics Examination for the Winter 2021 or Spring 2021 sitting YES NO
5. The following member of CCO has agreed to act as my primary supervising chiropractor and meets the criteria of Policy P-058: Policy on Considering Applications for Registration During the COVID-19 Pandemic
-

Signature of Primary Supervising Member of CCO

6. The following additional members of CCO (up to 2) work with my primary supervising chiropractor and meet the criteria of Policy P-058 (please leave blank if not applicable)
-
-

7. I and my primary supervising member have reviewed, signed and submitted a copy of Policy P-058 with my application for a General (Provisional) certificate of registration YES NO

8. As part of my General (Provisional) certificate of registration, I will **only** provide chiropractic care and services to patients under the effective supervision of the primary supervising chiropractor or two additional members identified in this application form, in accordance with Policy P-058 at the following business address(es), where my primary supervising chiropractor practises:

Business address
of primary
supervising
chiropractor:

Street

City Province/State Postal/Zip Code Country

Telephone (with area code) Fax (with area code) E-mail

Additional
business address
of primary
supervising
chiropractor:
(if applicable)

Street

City Province/State Postal/Zip Code Country

Telephone (with area code) Fax (with area code) E-mail

Additional
business address
of primary
supervising
chiropractor:
(if applicable)

Street

City Province/State Postal/Zip Code Country

Telephone (with area code) Fax (with area code) E-mail

Please answer each question completely, providing details where appropriate. Use a separate piece of paper if necessary.

1. Are you now or have you previously been registered or licensed to practise another profession in YES NO or outside of Ontario?
If YES, please provide details and a letter of good standing from the licensing body.

2. Are you now or have you previously been registered or licensed to practise chiropractic or another YES NO health profession in any other jurisdiction?
If YES, please provide details and a letter of good standing from the licensing body.

3. Have you applied to and been refused registration for a regulated profession in Ontario or any YES NO other jurisdiction?
If YES, please provide details.

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
- Engage in the practice of chiropractic profession under the *Immigration and Refugee Protection Act, 2001*
- If no category applies, provide explanation: _____

1. Do you speak and write either English or French with reasonable fluency? YES NO
What is your language of preference? English French
2. Other languages in which you can provide professional services: _____

PROFESSIONAL MISCONDUCT, SELF-REPORTING, INCOMPETENCE AND INCAPACITY

Please answer the following questions related to any professional misconduct, self-reporting, incompetence and incapacity findings. In accordance with section 23 of the Health Professions Procedural Code under the *Regulated Health Professions Act, 1991 (RHPA)* and Regulation 261/18 under the *RHPA*, members of all Ontario health regulatory colleges are required to report on the following information to appear on the public register:

- every finding of a disciplinary decision or a finding of professional misconduct or incompetence by another regulatory or licensing authority in any jurisdiction,
- every finding of professional negligence or malpractice, which has not been reversed on appeal,
- every finding of guilt or charge related to an offence under the *Criminal Code (Canada)*, the *Health Insurance Act* or the *Controlled Drugs and Substances Act (Canada)* that has not been overturned on appeal, pardoned or ordered for a record suspension by the Parole Board of Canada, and
- every bail conditions or other restrictions related to a charge for an offence under the *Criminal Code (Canada)*, the *Health Insurance Act* or the *Controlled Drugs and Substances Act (Canada)*.

Has a regulatory body made a finding against you or are you currently facing a regulatory proceeding of professional misconduct, incompetence or incapacity. Check the appropriate box(es) below:

- | | | | | |
|----|--|------------------------------|-----------------------------|--|
| 1. | In another jurisdiction as a chiropractor | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If YES to any question, please provide details on a separate sheet of paper, including the nature, description, and date of any finding. |
| 2. | In another profession | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 3. | Have you been found guilty of an offence under the <i>Criminal Code (Canada)</i> , the <i>Health Insurance Act</i> or the <i>Controlled Drugs and Substances Act (Canada)</i> that has not been reversed on appeal, pardoned or ordered for a record suspension by the Parole Board of Canada? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If YES to any question, please provide details on a separate sheet of paper, including the nature, description, date of any finding, name and location of the court, and any appeal status relating to the finding. |
| 4. | Have you been charged with an offence under the <i>Criminal Code (Canada)</i> , the <i>Health Insurance Act</i> or the <i>Controlled Drugs and Substances Act (Canada)</i> ? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 5. | Do you have any bail conditions or other restrictions related to a charge for an offence under the <i>Criminal Code (Canada)</i> , the <i>Health Insurance Act</i> or the <i>Controlled Drugs and Substances Act (Canada)</i> ? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 6. | Has there been a finding of professional negligence or malpractice made against you which has not been reversed on appeal? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |

SUBMISSION OF POLICE CRIMINAL RECORD CHECK

As, an applicant, you are required to submit a Canadian Police Information Centre (CPIC) Vulnerable Sector (VS) check, or its equivalent, consistent with Regulation 137/11 under the *Chiropractic Act*, and Policy P-056: Requirement to Disclose Police Criminal Record Checks. **Due to the COVID-19 pandemic, CCO is accepting the submission of a criminal record and judicial matters check (or equivalent using online methods) that may be provided through online methods without in-person attendance, under the condition that a CPIC VS check is submitted to CCO at a later date.**

- 1. I confirm that I have submitted a criminal record and judicial matters check (or equivalent using online methods) YES NO and undertake to submit a CPIC VS check if required by CCO when these services may become available following the COVID-19 pandemic.

ACKNOWLEDGEMENT OF COMPETENCE AND GOOD CHARACTER (if you answer **NO** to either question, please provide a written explanation on a separate paper)

- 1. I confirm that I am mentally and physically competent to practise chiropractic. YES NO
- 2. I confirm that I will practise chiropractic with professionalism, decency, integrity, honesty and in accordance with the law. YES NO

PRACTICE INFORMATION

- 1. Will you be taking your own x-rays: YES NO
 If NO, do you plan to use a: chiropractic facility hospital facility medical facility
 independent health facility other (please specify): _____
Members are required to report any change in their x-ray status to CCO.
- 2. Indicate proposed malpractice protection carrier and coverage: _____

The information collected on this form is used only for the purpose of regulating the profession and practice of chiropractic. For more information, see the College’s Voluntary Privacy Code available at www.cco.on.ca

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

ATTACH:

- 1. Application Fee of \$50 + General Certificate of Registration Fee of \$325 (total **\$375**)
(payable to “College of Chiropractors of Ontario” by **certified cheque** or **money order** only)
- 2. Copy of Government issued photo I.D. with photograph and signature of candidate
- 3. 2” x 2” coloured photograph of self taken with the past year. Name of applicant must also appear on the back of the photograph
- 4. Canadian Police Information Centre (CPIC) Vulnerable Sector Check (or alternative). **Please note, due to the COVID-19 pandemic, CCO is accepting the submission of a criminal record and judicial matters check (or equivalent using online methods) that may be provided through online methods without in-person attendance, under the condition that a CPIC VS check is submitted to CCO at a later date.**

FOR OFFICE USE ONLY

| | |
|---|--|
| Date of successful completion of CCEB Clinical Competency examinations | |
| Date of successful completion of CCEB knowledge-based examinations | |
| Date of successful completion of CCO Legislation and Ethics examination | |
| Date of Registration | |
| Registration Number | |