



College of  
Chiropractors  
of Ontario

L'Ordre des  
Chiropraticiens  
de l'Ontario

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

Tel: 416-922-6355  
Toll Free: 1-877-577-4772  
Fax: 416-925-9610  
E-mail: cco.info@cco.on.ca

**APPLICATION FOR  
LEGISLATION & ETHICS EXAMINATION  
October 21, 2021 – Online Examination**

*(Due to the COVID-19 Pandemic, the October 21, 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  
 Male  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

**Other Education:**

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

