



College of
Chiropractors
of Ontario

L'Ordre des
Chiropraticiens
de l'Ontario

59 Hayden Street
Suite 800
Toronto, ON M4Y 0E7

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

APPLICATION FOR GENERAL 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.

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 <i>(province/state & country)</i>	Degree/Diploma <i>(include field of study)</i>

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 or outside of Ontario? YES NO
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 health profession in any other jurisdiction? YES NO
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 other jurisdiction? YES NO
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,
- 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, since the date of your most recent renewal with CCO. Check the appropriate box(es) below:

1. In another jurisdiction as a chiropractor YES 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 YES NO
3. Have you been found guilty of an offence under the Criminal Code (Canada), the Health Insurance Act or the Controlled Drugs and Substances Act (Canada) that has not been reversed on appeal, pardoned or ordered for a record suspension by the Parole Board of Canada? YES 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 Criminal Code (Canada), the Health Insurance Act or the Controlled Drugs and Substances Act (Canada)? YES NO
5. Do you have any 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)? YES NO
6. Has there been a finding of professional negligence or malpractice made against you which has not been reversed on appeal? YES 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.

1. I confirm that I or the police have submitted a Canadian Police Information Centre Vulnerable Sector Check, consistent with Regulation 137/11 under the *Chiropractic Act* and Policy P-056: Requirement to Disclose Police Criminal Record Checks YES NO

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. 2" x 2" coloured photograph of self taken within the past year. Name of applicant must also appear on the back of the photograph
3. Canadian Police Information Centre (CPIC) Vulnerable Sector Check, or equivalent

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	