



College of
Chiropractors
of Ontario

L'Ordre des
Chiropraticiens
de l'Ontario

59 Hayden Street
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
www.cco.on.ca

APPLICATION FOR TEMPORARY CERTIFICATE OF REGISTRATION

A Temporary Certificate of Registration is intended for chiropractors registered in another jurisdiction to practise in Ontario, and specifically to perform a controlled act under the Chiropractic Act, 1991. A temporary certificate of registration expires on the earliest of the following: the expiry date set out on the certificate, twelve weeks after the date the temporary certificate of registration was issued or if the temporary certificate of registration was issued for a temporary appointment or exchange program, the date of termination of the temporary appointment or exchange program for which it was issued. Please note: It is a condition of registration that you provide CCO with any changes to the information on this application IMMEDIATELY.

PLEASE PRINT

Name:

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

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)

Date of Birth:

Proposed Ontario
Business
Address:

(necessary for
public register)

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

Current Mailing
Address:

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

Chiropractic College Attended:

Graduation Date:

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

1. I confirm I am registered or licensed to practise chiropractic in another jurisdiction
In order to be granted temporary registration in Ontario, you must be registered or licensed to practise chiropractic in another jurisdiction. List all jurisdiction(s) where you are currently registered or licensed to practise chiropractic and provide letter(s) of professional standing from each jurisdiction.

2. Please indicate your purpose for applying for a temporary registration in Ontario:

- I am applying for a temporary certificate to participate in a specific event involving the performance of a controlled act (application fee of \$50) **OR** I am applying for a temporary certificate to actively practice chiropractic in Ontario (an application fee of \$50 plus a certificate fee of \$150: total \$200)

Please indicate the specific event below:

- To teach/participate in a course in Ontario
 To participate in a research project in Ontario
 To participate in a specific event in Ontario
 Other

3. Please provide details of your proposed chiropractic activities while in Ontario:

4. What is the proposed start date and end date of your requested temporary certificate of registration in Ontario?

Start Date:

Expiry Date:

(no later than 12 weeks after date of issue)

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 an explanation:** _____

1. Do you speak and write either English or French with reasonable fluency? YES NO
2. What is your language of preference? English French Other
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 | <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 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? | <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 Criminal Code (Canada), the Health Insurance Act or the Controlled Drugs and Substances Act (Canada)? | <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 Criminal Code (Canada), the Health Insurance Act or the Controlled Drugs and Substances Act (Canada)? | <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.

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 in Ontario. YES NO

PRACTICE INFORMATION

1. Will you be taking your own x-rays: YES NO N/A
If NO, do you plan to use a: chiropractic facility hospital facility medical facility
 independent health facility other (please specify): _____
Registrants are required to report any change in their x-ray status to CCO.
2. Indicate proposed malpractice protection carrier and coverage, in accordance with CCO By-law 16 that will cover you while you are practising in Ontario: _____

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 (total **\$50**) **OR** Application Fee of \$50 + Temporary Certificate of Registration Fee of \$150 (total **\$200**)
(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. Colour copy of Government issued photo I.D. with photograph and signature of candidate
 4. Canadian Police Information Centre (CPIC) Vulnerable Sector Check, or equivalent
-

FOR OFFICE USE ONLY

Date of Registration	
Registration Number	
Date of Registration Expiry	