



College of  
Chiropractors  
of Ontario

L'Ordre des  
Chiropraticiens  
de l'Ontario

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## APPLICATION FOR RETIRED CLASS OF CERTIFICATE OF REGISTRATION

*Note to Reader: In the event of any inconsistency between this form and the legislation that affects chiropractic practice, the legislation governs.*

### Please Print or Type

**To:** Registrar – College of Chiropractors of Ontario

\_\_\_\_\_  
Last Name First Name Middle or Initial

Gender:  Male  Female  Other (If other, please specify): \_\_\_\_\_

### Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City Province / State Country Postal Code / Zip Code

**Tel.:** Business: \_\_\_\_\_ Residence: \_\_\_\_\_

**Fax:** Business: \_\_\_\_\_ Residence: \_\_\_\_\_

**E-mail:** \_\_\_\_\_

I am applying for a Retired Class of Certificate of Registration and I hereby undertake that as of the date of notification of my retired status, I will, as a Retired registrant:

1. refrain from engaging in chiropractic practice in Ontario;
2. refrain from the performance of locums; in Ontario
3. refrain from performing any controlled acts as detailed under section 27 of the RHPA in my professional capacity as a chiropractor in Ontario;
4. refrain from taking or ordering x-ray in Ontario; and
5. refrain from charging a “fee for service” as a chiropractor in Ontario including directly billing the Workplace Safety and Insurance Board (WSIB) or any other 3<sup>rd</sup> party payer.

I understand that the Retired Class of Certificate of Registration is intended for members who intend to permanently retire from the General Class of Certificate of Registration.

If for any reason, I choose to leave the Retired Class to return to the General (active) Class of Certificate of Registration **during the course of any membership year**, I will:

1. notify the Registrar of my intention in writing;
2. pay the difference in the annual fees between the Retired Class and Inactive Class for each year I was in the retired class instead of the inactive class;
3. pay the difference in the annual fee between the Retired and General (active) classes for that membership year plus an administrative fee of \$25; and
4. satisfy any further registration requirements, as determined by CCO, before recommencing the practise of chiropractic in the province of Ontario.

Version date: October 2022

I understand that if I hold a Retired Class of Certificate of Registration, and I am not registered in a CCO recognized regulated jurisdiction outside of Ontario with an equivalent to CCO’s General (active) Class of Certificate of Registration, then if I wish to move back to the General Class of Certificate of Registration, I must first pay the difference in annual fees between the Retired and Inactive Class for each year I was in the retired class instead of the inactive class. Furthermore, I will be required to satisfy the Registration Committee of my current competency to practise chiropractic, which may include but is not limited to the following, as outlined in Appendix 1 of Policy P-053: Returning to the General Class of Certificate of Registration

Retired for 2 to 5 years	Retired more than 5 years
<ul style="list-style-type: none"> <li>• submit a professional portfolio within a specified period of time as determined by the Registration Committee</li> <li>• attend a record keeping workshop within a specified period of time as determined by the Registration Committee</li> <li>• undergo a peer and practice assessment within a specified period of time as determined by the Registration Committee</li> <li>• successfully pass the legislation and ethics examination set or approved by Council</li> <li>• complete an in-person workshop or course on the controlled act authorized to chiropractors in Ontario</li> <li>• otherwise satisfy the Registration Committee that the member is competent to practise in Ontario</li> </ul>	<ul style="list-style-type: none"> <li>• submit a professional portfolio within a specified period of time as determined by the Registration Committee</li> <li>• attend a record keeping workshop within a specified period of time as determined by the Registration Committee</li> <li>• undergo a peer and practice assessment within a specified period of time as determined by the Registration Committee</li> <li>• successfully pass the legislation and ethics examination set or approved by Council</li> <li>• complete an in-person workshop or course on the controlled act authorized to chiropractors in Ontario</li> <li>• as determined by the Registration Committee, successfully pass the appropriate examinations administered by the Canadian Chiropractic Examining Board or approved by Council as equivalent</li> <li>• otherwise satisfy the Registration Committee that the member is competent to practise in Ontario</li> </ul>

**Fees:**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Difference in annual fees between the Retired and Inactive Class for each year in the Retired Class</li> <li>• Application fee for a General Class of Certificate of Registration; and</li> <li>• Renewal fee for a General Class of Certificate of Registration; and</li> </ul> <p>(or difference between Inactive and General class plus a \$25 administrative fee, if applicable)</p> |
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I further understand that the registration requirements may change from time to time and it is my responsibility to meet the registration requirements, including fees, applicable at the time I apply to change my registration status. I acknowledge that I shall not resume chiropractic practice until my application for issuance of a General Certificate of Registration has been approved.

(Additional \$25 administrative fee if changing class of registration mid-year)

**Annual Retired Fee:            \$105                            Date:** \_\_\_\_\_

\_\_\_\_\_  
Applicant – Printed Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Witness – Printed Name

\_\_\_\_\_  
Signature of Witness