



College of
Chiropractors
of Ontario

L'Ordre des
Chiropraticiens
de l'Ontario

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

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

**APPLICATION FOR
LEGISLATION & ETHICS EXAMINATION
February 16, 2023 – Online Examination**

(The February 16, 2023 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 (optional)
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other

Previous Name:

(if any alteration in or change of name since registration at birth)

**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
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Other Education:

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

- 1. Are you a Canadian citizen? YES NO If YES, skip question 2.
- 2. If you are not a Canadian citizen, are you:
 - a permanent resident of Canada or seeking authorization under the *Immigration Act* to engage in chiropractic
- 3. A requirement for an application for a General certificate of registration with CCO is to submit a Canadian Police Information Centre (CPIC) Vulnerable Sector (VS) check, or its equivalent, to CCO. The CPIC VS must be dated no earlier than six months from your registration with CCO. **Please note: the CPIC VS check is not a required supporting document for the application for the Legislation & Ethics Examination, but is a requirement for an application for a General class of certificate of registration and can be provided when you apply for the General class of certificate of registration. If you live in the City of Toronto, you must use a legal-size waiver provided by CCO to apply for a CPIC VS check with Toronto Police Services.** The waiver can be provided by mail or e-mail. Please indicate whether you would like to receive a waiver:
 - YES, by mail YES, by e-mail NO

A certificate of registration will be issued to all new members. Please type or print your name as you would like it to appear on your certificate of registration with CCO:

ATTACH:

- 1. Certified final chiropractic college transcripts (certified final chiropractic college transcript mailed directly from your chiropractic college to the CCO office)
- 2. 2" x 2" **colour** photograph of self taken within the past year with full name written on the back
- 3. Colour copy of Government issued photo I.D. with photograph and signature of candidate
- 4. Examination fee of \$180 (Canadian) by certified cheque or money order payable to the College of Chiropractors of Ontario

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

Examination Fee: \$180 (Canadian)

Payable by certified cheque or money order **only**. Please send to:

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