



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 15, 2024 – Online Examination**

*(The February 15, 2024 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 declare that the 2" x 2" coloured photograph attached to my application is a photograph of me taken within the past year. I 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:

**College of Chiropractors of Ontario**  
 59 Hayden Street, Suite 800 Toronto, ON M4Y 0E7