

College of Chiropractors of Ontario L'Ordre des Chiropraticiens de l'Ontario 59 Hayden Street, Suite 800Tel:Suite 800Toll FToronto, ON M4Y 0E7Fax:

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APPLICATION FOR LEGISLATION & ETHICS EXAMINATION May 30, 2024 – Online Examination

(The May 30, 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 PRIN	T						
Name:							
	La	st Name			First Name		Middle Name or Initial (optional)
	Г] Male	Female		Other		(optional)
Previous Nam (<i>if any alteration</i>		hange of name sin	ce registration at bir	rth)			
Home / Mailing Address:	_	reet					
	01						
	Cit	ty		Province	/ State	Postal / Zip Code	Country
	()		()		
	Te	lephone		Fax	·	E-mail	
Date of Birth:							
Chiropractic Colleges Atter	nded:						
Dates of Atten	ndance	:					
Have you completed all O Yes O No the requirements for graduation?:							
Graduation Da	ate:						
Post-Graduate	e Traini	ng:					
Location			Description			Length	
Other Education:							
Year(s)	Year(s) University/College Attended					Degree / Diploma Co	onferred

1.	Are you a Canadian citizen'		YES	□ NO	If YES, skip question 2.				
2.	If you are not a Canadian ci	tizen, are	you:						
	□ a permanent resident o	Canada	or	seeking chiropra	authorization under the <i>Immigration Act</i> to engage in ctic				
3.									
	\Box YES, by mail		YES, b	y 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>I</i> ,		, <i>of</i>		, in the
	Print Name	_	City/Town/Village	

, 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

County of

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