PPA 2.0, STREAM 1: PRE-VISIT QUESTIONNAIRE, 2026

Name:

Registration No.:

Address:

Please give address where assessment will take place

Tel.:

E-mail:

Attended CCO record keeping workshop: ☐ Yes ☐ No

If yes, note date and location:

PEER INFORMATION

1. Type of practice:

   ☐ solo/private
   ☐ multi DC
   ☐ multidisciplinary

2. **If you practise in a multi DC office, does your colleague wish to be peer assessed as well?**

   ☐ Yes Name:

   Please have them contact Dr. Katherine Tibor, Director of Professional Practice, CCO, at 416-922-6355, ext. 130 or at ktibor@cco.on.ca.

3. Do you actively see patients at this time? If no, in what capacity do you work as a chiropractor? (Please note: if you do not actively see patients you will undergo a modified assessment which will not involve reviewing any patient files. Therefore, you are not required to submit any sterilized files.)

Return to CCO

4. Has there been a change in your registration status or type of practice since you underwent the first peer and practice assessment?

5. Please state the date of your first Peer and Practice Assessment:

6. Please list 3 things learned from the first Peer and Practice Assessment and how you changed or adapted your practice:

7. Do you use any diagnostic tests or practice techniques in your office that would not be considered usual or customary in a chiropractic office?

8. What degrees/qualifications or specialties do you possess?

9. Name of chiropractic school you graduated from and date of graduation:

Return to CC

10. Please complete the following chart:

Social Media Application for Office/clinic	Actively using Yes or No	If Yes, last updated on date:
Website		
Facebook page		
X/Twitter feed		
Emailed newsletter		
Blog/Vlog		
Instagram posting		
YouTube Channel		
Other:		

If you have answered "yes" to any of the above, acknowledging active use of any social media, please be prepared to:

- log into your account at the time of your assessment
- review, with the peer assessor, a random selection of posts/information shared with the public through these media.

Please forward all additional materials, along with this completed questionnaire, to CCO.

For additional information: Dr. Katherine Tibor,
Director of Professional Practice, CCO
Tel: (416) 922-6355, ext. 130
Email: ktibor@cco.on.ca

Return to CCO