



College of
Chiropractors
of Ontario

L'Ordre des
Chiropraticiens
de l'Ontario

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**APPLICATION FOR
LEGISLATION & ETHICS EXAMINATION
May 29, 2025 – Online Examination**

(The May 29, 2025 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

