*Version Date: January 2026*

College of Chiropractors of Ontario
L'Ordre des Chiropraticiens de l'Ontario
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# APPLICATION FOR LEGISLATION & ETHICS EXAMINATION
## May 28, 2026 – Online Examination

*(The May 28, 2026 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)

☐ Male ☐ Female ☐ 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?:** o Yes o No

**Graduation Date:** _____

**Post-Graduate Training:**

_____
Location | Description | Length

**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

[redacted]

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:

_____

[redacted]

**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 if submission is made by hard copy. If emailed, please declare in the email that the photo submitted is a photo of self

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

[redacted]

**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, bank draft or money order payable to the College of Chiropractors of Ontario. If payment by credit card is preferred, please contact Ms Madeline Cheng, Manager of Registration at mcheng@cco.on.ca. Please send completed application by mail, fax or email to:

**College of Chiropractors of Ontario**
59 Hayden Street, Suite 800 Toronto, ON M4Y 0E7
Fax: 416-925-9610 Email: mcheng@cco.on.ca