



College of  
Chiropractors  
of Ontario

L'Ordre des  
Chiropraticiens  
de l'Ontario

59 Hayden Street, Suite 800  
Suite 800  
Toronto, ON M4Y 0E7

Tel: 416-922-6355  
Toll Free: 1-877-577-4772  
Fax: 416-925-9610  
E-mail: cco.info@cco.on.ca

**APPLICATION FOR  
LEGISLATION & ETHICS EXAMINATION  
October 22, 2026 – Online Examination**

*(The October 22, 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)
<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
----------	-------------	--------

**Other Education:**

Year(s)	University/College Attended	Degree / Diploma Conferred

