

**COLLEGE OF CHIROPRACTORS OF ONTARIO
2012 REGISTRATION RENEWAL**

This is your notification that your completed renewal form and payment must be received at CCO by **January 1, 2012**. If your renewal is not received by CCO by the above date, your CCO registration will be suspended on or about March 1, 2012. Until you send the completed renewal form along with the prescribed fee(s) to the attention of the Registrar, you will not be legally entitled to practise in Ontario in 2012. **If you are resigning or are changing your Class of Certificate Registration**, please indicate your intentions in the Practice Information section of this form.

The address below is the **PRIMARY BUSINESS ADDRESS** recorded in the official CCO Register. It will be used for all official correspondence, printed in the CCO Directory, and posted on CCO's website. Please verify accuracy and make necessary changes. If you do not have a business address, your residence or another address designated by you will be used for all official correspondence and will be published in the official CCO Register. Please advise CCO if you prefer to receive your correspondence at your residential address instead of your primary business address. **The information collected on this form is used only for the purpose of regulating the profession and practice of chiropractic.**

Mailing Address:

Corrections:

Residential Address:

Tel:
Fax:

Primary Business Address:

Secondary Business Address(es) on Record (list all)

Tel:
Fax:
E-mail:

Please check here if you **do not want** your facsimile or e-mail address listed in the CCO directory:

Please check the method you would prefer to receive communication updates from CCO: e-mail facsimile

Certificate Number:

Class of Certificate Registration:

Electoral District:

Eligible to Vote (Y/N)

PRACTICE INFORMATION

- Please select **one** class of certificate of registration in which you are renewing
 General (Active)
 Inactive
 Retired
- I am changing my class of certificate of registration status with this renewal: YES NO
- I am resigning my class of certificate of registration with this renewal: YES NO
- I will engage in chiropractic practice in Ontario: YES NO, If YES, you must maintain a **General** class of certificate of registration
- If you do not provide direct patient care, do you make substantial use of your chiropractic knowledge, skills and judgment such as involvement in an educational, research, political, administrative or other position? YES NO N/A
 If YES, please identify _____
- Language of choice: English / French _____
- Are you registered with another regulated health Profession in Ontario? YES NO
 If YES, name the other profession(s) and date of registration: _____

- I use the following techniques in my practice (please list): _____

I confirm that:

- Every technique I use in practice is taught in the core curriculum, post-graduate curriculum or continuing education division of an accredited educational institution. YES NO
- I use acupuncture procedures in my practice as an adjunctive therapy and that I have read and comply with Standard of Practice S-017: Acupuncture. YES NO
- I have read and comply with Standard of Practice S-003: Professional Portfolio and understand ongoing self assessment and continuing education requirements. YES NO
- I have attended a CCO record keeping workshop. YES NO
- I am a shareholder in a health profession corporation. YES NO
 If YES, provide the name, address and telephone number of every health profession corporation of which you are a shareholder:

X-RAY INFORMATION

- Do you have an x-ray facility in your office? YES NO If YES, please answer question 2, if not, please go to question 3
- Is the x-ray facility: Active (used within the last two years) Dormant (not used within the last two years)
 Do you take your own x-rays? YES NO Indicate the date the facility became dormant: _____
- When you do not take your own x-rays, do you usually: view the x-ray? YES NO
 read the report? YES NO
 write a report? YES NO
- When you do not take your own x-rays, do you use: Chiropractic facility Medical facility Hospital facility
 (please check all that apply) Independent Health Facility Other ó please specify: _____

You must be authorized to work in Canada by one of the following provisions. Please indicate which provision applies to you.

- Canadian citizen
- Permanent resident
- Engage in the practice of chiropractic profession under the *Immigration and Refugee Protection Act, 2001*
- If no category applies, provide explanation: _____

PROFESSIONAL CONDUCT

Since the date of your most recent renewal with CCO, has a regulatory body made a finding against you or are you currently facing a regulatory proceeding of professional misconduct, incompetence or incapacity. Check the appropriate box(es) below:

- | | | | |
|--|------------------------------|-----------------------------|--|
| 1. In Ontario as a chiropractor | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If YES to any question, Please provide details on a separate piece of paper, including the nature, description, and date of any finding. |
| 2. In another jurisdiction as a chiropractor | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 3. In another profession | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |

SELF REPORTING

As a chiropractor, you are required to report to CCO information about any guilty finding made by a court related to an offence, professional negligence or malpractice (the duty to report offences and findings is found in section 85.6.1 and 85.6.2 of the *Health Professions Procedural Code* as enacted by the government).

Check the appropriate box(es) below of any findings that have occurred since the date of your most recent renewal with CCO.

- | | | | |
|---|------------------------------|-----------------------------|---|
| 1. Have you been found guilty of an offence? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If YES to any question, Please provide details on a separate piece of paper, including the nature, description, date of any finding, name and location of the court, and any appeal status relating to the finding. |
| 2. Has there been a finding of professional negligence or malpractice made against you which has not been reversed on appeal? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |

ACKNOWLEDGEMENT OF COMPETENCE AND GOOD CHARACTER

(if you answer NO to either question, please provide a written explanation on a separate paper)

- | | | |
|--|------------------------------|-----------------------------|
| 1. I confirm that I am mentally and physically competent to practise chiropractic. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. I confirm that I will practise chiropractic with professionalism, decency, integrity, honesty and in accordance with the law. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

PROFESSIONAL LIABILITY PROTECTION INFORMATION

Please indicate and confirm carrier and coverage: _____

CHIROPRACTIC SPECIALTY INFORMATION ON RECORD

- Please indicate if you have any of the following specialty designations and the date obtained: _____ Date: _____
- FCCO(C) ó Fellow of the College of Chiropractic Orthopedists (Canada): _____
 - FCCR(C) ó Fellow of the Chiropractic College of Radiologists (Canada): _____
 - FCCRS(C) ó Fellow of the College of Chiropractic Rehabilitation Sciences (Canada): _____
 - FCCS(C) ó Fellow of the College of Chiropractic Sciences (Canada): _____
 - FRCCSS(C) ó Fellow of the Royal College of Chiropractic Sports Sciences (Canada): _____

REGISTRATION PAYMENT INFORMATION

Please make cheque(s) payable to College of Chiropractors of Ontario. Credit card payments not accepted. Registration renewals must be received by **January 1, 2012**, or be subject to a late payment fee.

General (Active) Certificate Members

- enclosed is my full fee payment of \$1050, payable January 1, 2012
- enclosed are my two payments of \$550 each, payable January 1, 2012, and June 1, 2012
- \$100 late payment fee *(if applicable)*

New Graduate General (Active) Members (Registered for first time in 2011)

- enclosed is my half fee payment of \$525, payable January 1, 2012
- \$100 late penalty fee *(if applicable)*

Inactive Certificate Members

- enclosed is my full fee payment of \$475, payable January 1, 2012
- \$20 late payment fee *(if applicable)*

Retired Certificate Members

- enclosed is my full fee payment of \$100, payable January 1, 2012
- \$20 late payment fee *(if applicable)*

CCEB Examiner

I served as a CCEB examiner for the year **2011**: 1 sitting 2 sittings

Please note: if you served as a CCEB examiner for one sitting, you must pay half of the General registration fee. If you served as a CCEB examiner for two sittings, you are exempt from paying the full General registration fee.

Payment enclosed: \$525 Fee exempt

NOTE: This renewal form must be completed in full, signed and dated before it can be processed. Incomplete forms will not be considered to have met the due date and will be returned to the member, which may result in the member being charged a late fee. Cheques that are returned N.S.F. or are non-negotiable (i.e., misdated, not signed or otherwise miswritten) will be returned to the member and a \$50 charge will be levied in addition to the late fee, if applicable.

I declare the information as recorded on this registration form to be true and complete and 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.

Date: _____ **Signature:** _____