



College of  
Chiropractors  
of Ontario

Ordre des  
Chiropraticiens  
de l'Ontario

130 Bloor St. West  
Suite 902  
Toronto, ON M5S 1N5

Tel: 416-922-6355  
Fax: 416-925-9610  
E-mail: cco.info@cco.on.ca

## APPLICATION FOR LEGISLATION & ETHICS EXAMINATION

**February 16, 2012**

**PLEASE PRINT**

**Name:**

\_\_\_\_\_

Last Name

First Name

Middle Name or Initial

Male

Female

**Previous Name:**

\_\_\_\_\_

*(if any alteration in or change of name since registration at birth)*

**Please indicate whether you are right or left-handed:**

right

left

**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

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

**ATTACH:**

1. Certified final chiropractic college transcripts
2. 2+x 2+**coloured** photograph of self taken within the past year. Photograph must be **notorized** and **signed** by notary public. Name of applicant must also appear on the back of the photograph.
3. examination fee of \$180 (Canadian) by certified cheque or money order payable to the College of Chiropractors of Ontario

**AFFIDAVIT to be sworn before a notary public, justice of the peace or commissioner of oaths:**

I, \_\_\_\_\_, of \_\_\_\_\_, in the  
Print Name City/Town/Village

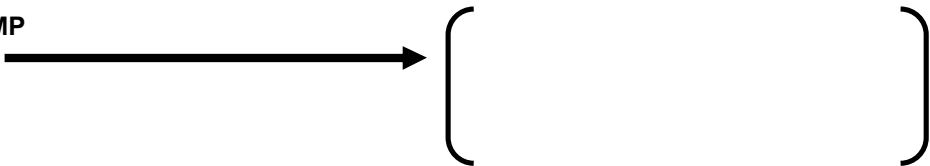
County of \_\_\_\_\_, do solemnly declare that the completed form hereto affixed is accurate, complete and true. I am the applicant whose signature is below, the submitted recent photograph is of me, and I understand my obligation to immediately inform CCO of any changes to the information in this application. I make this solemn declaration conscientiously believing it to be true and knowing that is of the same force and effect as if made under oath.

\_\_\_\_\_  
Signature of Applicant

Declared before me in the (city/town/village) of \_\_\_\_\_, in the County of \_\_\_\_\_  
 this \_\_\_\_\_ Day of \_\_\_\_\_.

\_\_\_\_\_  
A Commissioner, etc.

**AFFIX OFFICIAL SEAL/STAMP**



**Examination Fee: \$180 (Canadian)**

Payable by certified cheque or money order **only**. Please send to:

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**130 Bloor St. West, Suite 902**  
**Toronto, ON M5S 1N5**