



College of
Chiropractors
of Ontario

L'Ordre des
Chiropraticiens
de l'Ontario

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

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

APPLICATION FOR LEGISLATION & ETHICS EXAMINATION

PLEASE PRINT

June 11, 2019

Name:

Last Name	First Name	Middle Name or Initial
<input type="checkbox"/> Male	<input type="checkbox"/> 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
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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

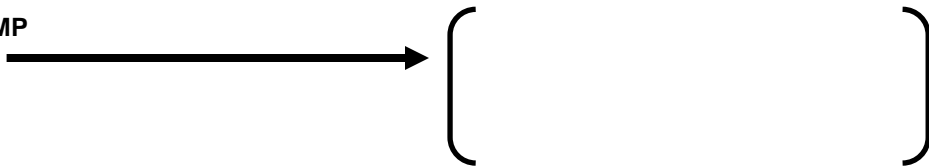
County of _____, do solemnly declare that the completed form hereto affixed is accurate, complete and true. I am the applicant whose signature is below, the submitted recent photograph is of me, and I understand my obligation to immediately inform CCO of any changes to the information in this application. 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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