



College of
Chiropractors
of Ontario

L'Ordre des
Chiropraticiens
de l'Ontario

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**APPLICATION FOR
LEGISLATION & ETHICS EXAMINATION
October 8, 2020 – Online Examination**

(Due to the COVID-19 Pandemic, the October 8, 2020 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
 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: π right π 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

Other Education:

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

