



## COLLEGE OF CHIROPODISTS OF ONTARIO

*Regulating Chiropodists and Podiatrists in Ontario*

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From: \_\_\_\_\_ (please print)

To: College of Chiropodists of Ontario

### **AGREEMENT TO MAINTAIN CONFIDENTIALITY REGARDING THE COLLEGE OF CHIROPODISTS OF ONTARIO'S REGISTRATION EXAMINATION**

I, \_\_\_\_\_ (please print), applicant to the College of Chiropodists of Ontario (COCOO), undertake to maintain confidentiality with respect to all matters that come to my knowledge in relation to the College of Chiropodists of Ontario Registration Examination ("the examination") and further undertake not to communicate any information, including, but not limited to the written portion of the examination and all the OSCE stations which make up the OSCE portion of the examination to any person except as authorized by law.

I acknowledge and agree that all records, examination materials and information thereof obtained by me in relation to the examination are confidential and shall remain the exclusive property of COCOO. I undertake to take all reasonable steps to protect the confidentiality of such records, materials and information and I shall not discuss any aspect of the registration examination with anyone, including the written portion and the OSCE stations.

I further acknowledge and agree that my obligations regarding confidentiality continue indefinitely.

In the event that I disclose or attempt to disclose any such information received in relation to the examination. I acknowledge and agree that the College shall be entitled to enforce its legal rights to prevent the disclosure of the information by injunction or otherwise and may bring such further action against me as it considers advisable.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_