



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

**CONFIRMATION FORM FOR
WRITING THE COLLEGE’S REGISTRATION EXAMINATION**

Please print

Name:

Address:

.....

Telephone:

E-mail:

- Yes, I shall sit the June 7, 2018 and June 8, 2018, College of Chiropodists of Ontario Registration Examination. I understand that the written component will take place on June 7, 2018 and the OSCE on June 8, 2018.
- No, I shall not sit the College of Chiropodists of Ontario Registration Examination

Payment

I am enclosing my payment of \$1,600 for writing the registration examination by providing the following. By doing so, I authorize the College to apply the \$1,600 to my credit card as follows:

- Visa** - Number _____ Expiry date: _____
- Mastercard** – Number _____ Expiry date: _____
- Cheque**

Signature

Please return this form by mail to the College of Chiropodists or by e-mail to tgoldblatt@cocoo.on.ca no later than **April 3, 2018**.