



**COLLEGE OF CHIROPODISTS OF ONTARIO**

*Regulating Chiropodists and Podiatrists in Ontario*

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

Please print

Name: .....

Address: .....

.....

Telephone: .....

E-mail: .....

- Yes, I shall sit the June 6, 2019 and June 7, 2019, College of Chiropodists of Ontario Registration Examination. I understand that the written component will take place on June 6, 2019 and the OSCE on June 7, 2019.
- 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](mailto:tgoldblatt@cocoo.on.ca) no later than **April 15, 2019.**