



**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 15<sup>th</sup> and June 16<sup>th</sup> 2017 College of Chiropodists of Ontario Registration Examination. I understand that the written component will take place on June 15<sup>th</sup> and the OSCE on June 16<sup>th</sup>.
- 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 **Friday, April 14, 2017.**