

Certification of Registration/ Licensing Body

College of
Chiropractors
of Ontario

SECTION I:

To be completed by applicant and forwarded to the registration/licensing board in the jurisdiction(s) in which you have been registered as a chiropractor/podiatrist or in any other health profession, and forwarded directly to the College of Chiropractors of Ontario.

SURNAME	GIVEN NAME(s)	FORMER NAME(s)
ADDRESS		
I authorize _____ to provide the information requested below and any (Name of Registration/Licensing Board) additional information requested by the College of Chiropractors of Ontario in order to process my application. _____ (Applicant's signature) _____ (Date)		

SECTION II:

To be completed by the registration/licensing board and forwarded directly to the College of Chiropractors of Ontario.

I, _____, the Registrar/Secretary acting on behalf of the (Name of Registrar/Secretary) _____ do hereby certify that the following statements are (Name of Board) true statements of the registration record for: _____ (Registrant's Name) _____ (Registration/License Number) _____ (Date of Registration) _____ (Category of Registration)
Does the registrant have any terms conditions or limitations placed on his/her registration licence to practice? NO <input type="checkbox"/> YES <input type="checkbox"/>
Has the registrant had any findings of professional misconduct, incompetence or incapacity? NO <input type="checkbox"/> YES <input type="checkbox"/>
Is the registrant subject of any current proceedings for professional misconduct, incompetence or incapacity? NO <input type="checkbox"/> YES <input type="checkbox"/>
If the answer is yes to any of the above, please provide additional information, including a description of matter and relevant findings. _____ (Signature) _____ (Date)

SEAL
OF
BOARD

PLEASE FORWARD DIRECTLY TO THE COLLEGE OF CHIROPODISTS OF ONTARIO
180 Dundas Street West, Suite 1901, Toronto, Ontario M5G 1Z8
Tel: (416) 542-1333, Toll Free: 1-877-232-7653, Fax: (416) 542-1666, E-mail: info@cocoo.on.ca