



# Ontario Association of Certified Osteopaths and Acupuncturists

## Application Form

*Note: Please print clearly or type all information requested; if additional space is required, please attach additional page*

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

City/Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Canadian Citizenship/Immigration Status

Canadian Citizen     Landed Immigrant     Other (specify): \_\_\_\_\_

Provinces/Territories in which you are practicing or plan to practice: \_\_\_\_\_  
\_\_\_\_\_

### Formal Education

*Please list highest formal education level completed (high school, university); please provide copies of supporting documents*

Year	Level	Course/Diploma/Certificate	Institution

### Alternative Medicine/Holistic Education and Training

*Please list the relevant education and training starting from the most recent; please provide copies of supporting documents*

Year	Level	Course/Diploma/Certificate	Institution

Year	Level	Course/Diploma/Certificate	Institution

Other Certificates: \_\_\_\_\_  
 \_\_\_\_\_

**Application Checklist**

- Two recent passport-size photographs
- Copies of relevant documentation (certificates, diplomas, transcripts, etc.)
- Application processing fee of \$200 CAD (non-refundable) payable to: O.A.C.O.A.
- Registration fee of \$500 CAD (refundable if registration denied) payable to: O.A.C.O.A.
- All information filled in correctly
- Signature of Witness
- Signature of Applicant

Other information you wish to provide to assist in evaluating your application: \_\_\_\_\_  
 \_\_\_\_\_

**Applicant**

**I hereby confirm the information listed in this application to be true and up to date. I have read and agree to abide by the Code of Practice, Code of Conduct and Code of Ethics of the Association. I understand the laws may vary from one Province to another. If granted registration, I will become aware of, and abide by all Provincial regulations.**

\_\_\_\_\_  
 Signature of Applicant

**Witness**

Name: \_\_\_\_\_

Signed before me on this day of

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
*Day Month Year*

\_\_\_\_\_  
 Signature of Witness