

Ontario Federation Of Osteopathic Professionals Membership Application

Section 1 - Applicant details (to be completed in full)

Last name:	First name(s):
Title:	Gender:
Date of birth:	

Contact Information

Full address:	
Country:	Postal code:
Telephone number:	Mobile:
Fax:	Email:

Clinic Information

Full address:	
Country:	Postal code:
Telephone number:	Mobile:
Fax:	Email:

Section 2 - Professional education

Professional osteopathic qualification*:

* Your professional osteopathic qualification is the qualification which you originally gained in order to qualify you to practice osteopathy in Ontario.

Place of study:

Date of obtaining your osteopathic qualification(s): Year: Month: Day:

Section 3 - Clinical experience

Have you practiced osteopathy in the past? Yes / No

Please give details of your osteopathic practice for the past years:

Dates	Practicing address	Group or sole practice?
From: To:		
From: To:		
From: To:		

Section 4 - Health and fitness

Do you have any medical problem(s) other than a minor illness, either physical or mental, which could affect your ability to practice osteopathy? Yes / No

If yes, please give details:

Section 5 - Character and professional disciplinary record

Have you ever been convicted of a criminal offence or received a warning? Yes No

If yes, please complete the following:

Have there been any other disciplinary findings made against you, including at a place of education? Yes No

If yes, please give details:

Are you currently registered as a medical practitioner or registered with and/or a member of any other healthcare regulatory or professional body? Yes / No

If yes, please give details and state your profession:

Name of healthcare regulatory or professional body:

Date of registration (MM/YY): _____ / _____

Section 6 - Additional information

Please state any further information that you believe to be relevant to your application, or that you would like the Registrar to take into account:

Section 7 - Declaration of information

I declare that all information supplied in support of my application to register with the Ontario Federation of Osteopathic Professionals is, to the best of my knowledge, accurate and true. I understand that the Registrar may take steps to verify any information supplied by me in support of my application.

Signature: _____

Date: _____

Check List

Make sure you:

- Complete all sections of the application form
- Enclose a certified copy of your professional osteopathic qualification
- Enclose a certified copy of your academic transcript which outlines the results you achieved for each module studied
- Sign and date the declaration
- Provide Criminal Background Check (not the vulnerable person’s police check) using the Canadian Police Information Centre (CPIC) database
- Enclose a check for the OFOP membership processing fee of CAD\$650 (payable to Ontario Federation of Osteopathic Professionals)
- Enclose two recent passport size photos of the applicant
- Mail this application package to: 8000 Bathurst St. Unit #1, P.O. BOX #30069, Thornhill, ON L4J 0B8

* Please note that the processing fee for the membership application is non-refundable. Also, the photocopies of all credentials submitted will not be returned.

For Office Use Only:

<i>Membership Approved:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No/	<i>Membership Qualification:</i> <input type="checkbox"/> DOMP
<i>Membership Number:</i> _____	<i>Date of Issue:</i> _____ / ____ / ____