



**YUKON OSTEOPATHIC ASSOCIATION**

**Yukon Osteopathic Association**

Membership Application Form

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

**PERSONAL CONTACT INFORMATION:**

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

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Personal Email: \_\_\_\_\_

**WORK CONTACT INFORMATION**

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

Clinic Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Professional Email: \_\_\_\_\_

**TYPE OF MEMBERSHIP BEING APPLIED FOR:** (please circle one)

PROFESSIONAL

ASSOCIATE

STUDENT

**EDUCATION AND QUALIFICATIONS INFORMATION**

Name of Osteopathic Institution: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Date of study: \_\_\_\_\_ (month), \_\_\_\_\_ (year) to \_\_\_\_\_ (month), \_\_\_\_\_ (year)

Please circle one:                      Full Time Study                      Part Time Study

Qualification obtained (ex. degree, diploma, etc.): \_\_\_\_\_

*Additional institution (if applicable):*

**Name of Osteopathic institution:** \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Date of study: \_\_\_\_\_ (month), \_\_\_\_\_ (year) to \_\_\_\_\_ (month), \_\_\_\_\_ (year)

Please circle one:                      Full Time Study                                      Part Time Study

Qualification obtained (ex. degree, diploma, etc.): \_\_\_\_\_

*Additional institution prior to osteopathic study, if applicable:*

**Name of institution:** \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Date of study: \_\_\_\_\_ (month), \_\_\_\_\_ (year) to \_\_\_\_\_ (month), \_\_\_\_\_ (year)

Please circle one:                      Full Time Study                                      Part Time Study

Qualification obtained (ex. degree, diploma, etc.): \_\_\_\_\_

## **PROFESSIONAL EXPERIENCE**

**Are you currently practicing osteopathy?**                                      YES                                      NO

If *NO*, please explain:

**Name of clinic** (*current/most recent*): \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Date of employment: \_\_\_\_\_ (month), \_\_\_\_\_ (year) to \_\_\_\_\_ (month), \_\_\_\_\_ (year)

Position/title: \_\_\_\_\_

Specialization/area of interest (*if applicable*): \_\_\_\_\_

**Name of clinic** (*next recent, if applicable*): \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Date of employment: \_\_\_\_\_ (month), \_\_\_\_\_ (year) to \_\_\_\_\_ (month), \_\_\_\_\_ (year)

Position/title: \_\_\_\_\_

Specialization/area of interest (*if applicable*): \_\_\_\_\_

**Name of clinic** (*next recent, if applicable*): \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Date of employment: \_\_\_\_\_ (*month*), \_\_\_\_\_ (*year*) to \_\_\_\_\_ (*month*), \_\_\_\_\_ (*year*)

Position/title: \_\_\_\_\_

Specialization/area of interest (*if applicable*): \_\_\_\_\_

### **PROFESSIONAL INSURANCE**

Do you currently hold valid professional malpractice and liability insurance for your Osteopathic practice in the Yukon? YES NO

Amount and period of insurance: \_\_\_\_\_

since \_\_\_\_\_ (*month*) \_\_\_\_\_ (*year*)

Have you ever held such insurance in the past? YES NO

If YES, please list the additional periods for which you held such insurance:

Period 1: \_\_\_\_\_ Period 2 (*if applicable*): \_\_\_\_\_

Period 3 (*if applicable*): \_\_\_\_\_ Period 4 (*if applicable*): \_\_\_\_\_

Have you ever had a lapse in such insurance? YES NO

Have you ever been required to pay an increased premium for such insurance? YES NO

Have you ever been quoted such insurance on loaded terms? YES NO

Have you even been refused such insurance? YES NO

If YES for any of the above questions, please explain:

### **GOOD STANDING SAMARITAN DECLARATIONS**

Have you ever been convicted of a criminal offence? YES NO

If YES, please explain (*i.e. your name when the offence was committed, the nature of the offence, the date of conviction, and the sentence*):

Has there ever been any allegations of professional negligence made against you? YES NO

If YES, please explain (*see above for description requirements*):

Do you have any professional misconduct judgements to declare? YES NO

If YES, please explain (*see above for description requirements*):

Have you ever had a medical problem, either physical or mental, which has prevented you from practicing osteopathy? YES NO

If YES, please explain:

### **MEMBERSHIP DECLARATIONS**

Are you a member of any other osteopathic organizations? YES NO

If YES, please list them here:

Are you a member of any other regulated or unregulated professional associations? YES NO

If YES, please list them here:

Do you use any other therapeutic modalities in your professional practice other than osteopathy? YES NO

If YES, please list them here:

If YES, I recognize that the YOA does not associate itself or protect me against any situations associated with therapeutic modalities other than osteopathy.

Please initial here: \_\_\_\_\_

## **CODE OF CONDUCT AGREEMENTS**

**Please initial beside all agreements to indicate that you recognize and agree.**

I agree to conduct myself in accordance with the YOA Standards of Practice.

I agree to conduct myself in accordance with the YOA Bylaws.

I agree to conduct myself in accordance to the Controlled Acts of Regulated Health Professionals Act 1991, S.O. 1991 c.18 (the "RHPA") and acknowledge that controlled acts are not used in my professional practice.

The title 'Osteopath' is reserved only for Osteopathic Physicians who are members of the College of Physician and Surgeons. I understand that use of this term or any other title in writing where it may might imply that I am a physician (ex. advertising material, social media, etc.) leaves me liable for a possible fine by the College. I agree to use the title "*Osteopathic Manual Practitioner*" with my practice in the Yukon.

I acknowledge that I am responsible for notifying the YOA of any change in my information that I would like reflected on the YOA website.

I consent to the YOA contacting me via the email address I have supplied for the official notification of meetings.

I consent to being contacted by email for the purpose of research by osteopathic students.

I declare that all information supplied by me in support of my application for membership with the Yukon Osteopathic information is, to the best of my knowledge and belief, true and accurate.

**ENCLOSED DOCUMENTS**

- Government-Issued Photo ID
- Vulnerable Sector Police Check
- Resume or CV
- Proof of Osteopathic qualifications and any prior qualifications
- Proof of current Malpractice and Liability Insurance (minimum \$2,000,000, recommended \$5,000,000 million)
- Annual membership fee

Name (*printed*): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please email your application to:

[yukonosteopathicassociation@gmail.com](mailto:yukonosteopathicassociation@gmail.com)

Subject line: Membership Application Form

Alternatively, you may mail your application to:

Yukon Osteopathic Association

PO Box 31273

Whitehorse, YT

Y1A 5P7