ONTARIO
Council of Drugless Osteopathy

Affiliate Member Application Form

Personal Information

First Name | Last Name

Date of Birth (MM/DD/YY) | Gender

Phone Number (Cell) | Phone Number (Other) | Email

Street Address | City | Postal/Zip Code

Province/State | Country

Osteopathic Educational Background

** Please attach a copy of all transcripts AND diplomas/certificates

Post-Secondary School Name | Location

Name of Program/Degree Earned/Designation Awarded

Total Number of Program Hours | Program Format (In-class, online or blended)

Date Program Started (MM/DD/YY) | Date of Graduation (MM/DD/YY)

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Other Educational Background

** Please provide documentation of all your previous healthcare training.

Institution

Post-Secondary School Name	Location
Name of Program/Degree Earned/Designation Awarded	Document Awarded
Total Number of Program Hours	Program Format (In-class, online or blended)
Number of Clinical Rotation Hours	Location
Date Program Started (MM/DD/YY)	Date of Graduation (MM/DD/YY)

Professional Associations & Memberships

** Include all current and previous regulatory body and associations you have been a member of, including student memberships.

Association

Association Name	Registration Number	Status
Association Phone Number	Fax Number	
Email	Website	
Issue Date (MM/DD/YY)	Expiry Date (MM/DD/YY)	

****Please fill out this page for each educational institution and professional association****

Professional Conduct

** If you answer yes to any of the following questions, you must provide further information.

Have you, the applicant, ever had findings of guilt for professional misconduct, incompetence, or incapacity? ◯ Yes ◯ No

Are you, the applicant, currently under investigation for professional misconduct, incompetence, or incapacity? ◯ Yes ◯ No

Have you, the applicant, ever resigned from any regulatory or licensing organization while being the subject of a complaint, investigation, or proceeding with respect to professional misconduct, incompetence, or incapacity? ◯ Yes ◯ No

Have you, the applicant, ever had charges or findings of guilt under certain legislation or for a criminal offence? ◯ Yes ◯ No

Are you, the applicant, currently under investigation for any criminal offences? ◯ Yes ◯ No

I, _____ (Full Name), confirm that I have never been found guilty of an offence under a federal, provincial, or municipal law. I have never been found guilty of professional negligence or malpractice. I have never been charged with, found guilty, or convicted of a criminal offence. There are no current proceedings against me involving an allegation of professional misconduct, incompetence, or incapacity.

I, _____ (Full Name), confirm that I am mentally and physically able to practice Manual Osteopathy in a safe and ethical manner, under the policies and by-laws, and standards of practice set out by the World Health Organization (WHO) and Ontario Council of Drugless Osteopathy (OCDO).

Application Checklist

Your application will only be processed once the following list is completed and submitted.

- ☐ Complete and submit your completed application form. If there is not enough space for all of your practice locations, attach them in a separate document.

- ☐ Provide documentation of manual osteopathic training from an institution that meets the World Health Organization's Benchmarks for training in Osteopathy (2010). Acceptable documentation must include diploma AND transcripts.

    - ☐ If you completed a Type 2 program, you must also provide documentation of your previous healthcare training.

- ☐ Copy of government issued photo identification. Acceptable forms of identification include a driver's license, passport, or citizenship card. Provincial health cards are not permissible forms of identification.

- ☐ Disclose any criminal investigations, criminal convictions or any professional misconduct proceedings/findings against you.

- ☐ Pay all membership fees upon approval of application without delay. Once your application has been processed and approved, you can pay the remaining Associate Member fee via e-transfer to mail@ocdo.ca .
  The 2021 fee is $200.

Please only submit your application once the requirements of this checklist have submitted.

Important Information

Application Submission

Please submit your application and $100 application fee via email to info@ocdo.ca.

Payment

Once your application is received, you will receive further instructions for paying the annual fee.

Website Listing

Once your application is approved, your name and membership status will be posted on the OCDO website.

Standards of Practice, Code of Ethics, and By-Laws

I, _____ (Full Name), confirm that I have read and understand the Standards of Practice, Code of Ethics, and By-Laws for the Ontario Council of Drugless Osteopathy (OCDO).

Signature & Submission

By signing and/or submitting this document, I _____, confirm that the information submitted in this application is true and correct to the best of my knowledge.

Please Note

Incomplete applications will not be processed until all required information is submitted. No refunds will be given for cancellation of membership for any reason. OCDO reserves the right to request additional information prior to processing a membership application. OCDO reserves the right to refuse membership to any applicant.

Signature Date (MM/DD/YY)