



OCDO Membership Renewal Form

Personal Information

First Name

Last Name

Date of Birth (MM/DD/YY)

Gender

Phone Number (Cell)

Phone Number (Other)

Email

Street Address

City

Province

Postal Code

Changes to information to be listed on the website in Member Search?

YES CHANGES

NO CHANGES

City/Town

Preferred Business Phone # or Email



Professional Information

** Make sure to include all practice locations. This section should be completed for each place of practice.

How many hours are you practicing a month on average?

Please list all other modalities and services you provide.

Practice Location #1

| | |
|---------------|----------|
| Business Name | Position |
|---------------|----------|

| | | |
|-----------------------|-----------|------------|
| Business Phone Number | Extension | Fax Number |
|-----------------------|-----------|------------|

| | |
|-------|---------|
| Email | Website |
|-------|---------|

| | | | |
|----------------|------|----------|-------------|
| Street Address | City | Province | Postal Code |
|----------------|------|----------|-------------|

| |
|-------------------------------------|
| Business Owner Name(s) ¹ |
|-------------------------------------|

| | |
|------------------|-------------------|
| Practice Setting | Services Provided |
|------------------|-------------------|

¹ Including, but not limited to sole proprietor, partners, franchises, etc.



Practice Location #2

| | |
|---------------|----------|
| Business Name | Position |
|---------------|----------|

| | | |
|-----------------------|-----------|------------|
| Business Phone Number | Extension | Fax Number |
|-----------------------|-----------|------------|

| | |
|-------|---------|
| Email | Website |
|-------|---------|

| | | | |
|----------------|------|----------|-------------|
| Street Address | City | Province | Postal Code |
|----------------|------|----------|-------------|

| | | | |
|-------------------------------------|--|--|--|
| Business Owner Name(s) ² | | | |
|-------------------------------------|--|--|--|

| | |
|------------------|-------------------|
| Practice Setting | Services Provided |
|------------------|-------------------|

In-Home Practice (if applicable)

** Only applicable if you provide services in a client's home

| | |
|-------------------|--|
| Services Provided | |
|-------------------|--|

| | |
|--------------|--|
| Areas Served | |
|--------------|--|

² Including, but not limited to sole proprietor, partners, franchises, etc.



Professional Associations & Memberships

** Include all current regulatory bodies and associations you are a member of, including student memberships.

Are you still a member of an RHPA governing body? (Regulated Health Professions Act, 1991)

Association #1

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

Association #2

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

Association #3

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

Professional Liability Insurance

| | |
|-----------------------|------------------------|
| Carrier | Amount |
| Services Covered | |
| Issue Date (MM/DD/YY) | Expiry Date (MM/DD/YY) |

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

Membership Renewal Checklist

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

- Complete and submit your completed membership renewal form. If there is not enough space for all of your practice locations, attach them in a separate document.
- Submit proof of a minimum of Standard First Aid and CPR (Level C) if your previous certificate has expired. This certification must be current.
- Proof of professional insurance coverage with a minimum liability of \$5 million.
- If applicable, submit a current Criminal Record and Vulnerable Sector Check (must be completed every 3 years).
- If applicable, submit all Continuing Education documentation at the end of the 3-year cycle (current cycle ends December 31, 2026).
- Disclose any criminal investigations, criminal convictions or any professional misconduct proceedings/findings against you.
- Pay all membership fees upon membership renewal without delay. Once your membership renewal has been processed and approved, you will receive an online receipt.
The 2026 fee is \$450.

You can send an interac e-transfer to mail@ocdo.ca or we can send you a paypal invoice. How would you prefer to pay your 2026 membership fees?

Interac Etransfer

Paypal Invoice

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

Important Information

Membership Renewal

Please submit your membership renewal via email to mail@ocdo.ca.

Payment

Once your membership renewal is received, you will receive an emailed receipt for payment.

Website Listing

Once your membership renewal is approved, your name and membership status will continue to be posted on the OCDO website for insurance companies to verify your status.

Signature & Submission

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

Please Note

Incomplete membership renewals 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 renewal. OCDO reserves the right to refuse membership renewal.

Signature

Date (MM/DD/YY)