ONTARIO
Council of Drugless Osteopathy

Affiliate Member 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 | Postal/Zip Code

Province/State | Country

Professional Associations & Memberships

** Include all current regulatory bodies and associations you are 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 professional association****

Rev. 12/01/2023

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).

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)**