

THE OSTEOPATHIC COLLEGE OF ONTARIO

DIPLOMATE IN OSTEOPATHIC MANIPULATIVE THEORY & PRACTICE

Application Form

1. Personal Information

First Name	Last Name	Middle Initial	
Street Address			
City	State	Postal Code	Country
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Day Telephone Number	Evening Telephone Number	E-mail Address	

2. Educational Background

Please use the space below to detail your college or university background.

College or University Name	Address	Degree Earned
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3. Health Care Practitioner Background

Please use the space below to detail your background as a health care practitioner.

Practitioner Title	Type of License Held
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4. Please use the space below to state your desire in pursuing this program.

5. Please attach a recent photo and copies of your diploma and/or license to this application.

6. Application fee is \$56.50 (\$50 + HST) Canadian funds. All course registration fees are not refundable.

Please make checks payable to : **Osteopathic College of Ontario**

Signature _____

7. Applicant must sign form. By my signature I acknowledge that my application fee is not refundable.

***Please mail this registration to: Osteopathic College of Ontario
18 Crown Steel Drive, Suite 308
Markham, Ontario, L3R 9X8
Canada
Phone: (647) 477 - 2071
Fax: (905) 947 - 1705**