

ONTARIO ASSOCIATION OF OSTEOPATHIC MANUAL PRACTITIONERS

REGISTRATION FORM 2011

Active member paid on or before January 15 th :	\$1200.00
Inactive Status:	\$ 400.00
Quarterly Active	\$325.00
Quarterly Inactive:	\$ 125.00
Student member	\$ 200.00
Affiliate:	\$400.00

Please circle which membership you are applying for: active member/ inactive*/ Quarterly Active*/ Quarterly inactive*/ Student*/ Affiliate*

** See page 4 for definitions*

PERSONAL DATA

Last name:	First name:	Middle initial:	Gender:	M	F
_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
OAO no.:	Date of birth:				
_____	_____				
_____	_____				
HOME ADDRESS:	PRIMARY BUSINESS/CLINIC ADDRESS:				
Name: _____	Clinic Name: _____				
Address: _____	Address: _____				
_____	_____				
_____	_____				
Home Phone: _____	Work/Clinic: _____				
Cell Phone: _____	Fax: _____				
Email: _____					

If you have other business addresses, please list them on the reverse of this page

GENERAL QUESTIONS

1. I can speak and/or write: **English / French**

Please list all other languages you use in your office: _____

2. Have you been registered with the OAO before? **Yes / No**

3. Do you currently carry **Osteopathic Liability Insurance**? **Yes / No**

If yes, with which carrier? _____

(NOTE: as of 2011, the OAO will require a personal and professional liability of at least 2 million dollars)

4. Have you been receiving the **International Journal of Osteopathic Medicine (IJOM)**? **Yes / No**

If no, please circle to which address would you like to receive the journal: **Home / Clinic**

5. Please list all other health professions you are registered with **in Ontario** (e.g. College of Massage Therapists, College of Physiotherapists, etc.): _____

6. Please list other provinces/states and countries in which you are registered with a regulatory body as a manual osteopathic practitioner (e.g. BC, QC, etc.) _____

7. Please estimate the **number of clinical hours** you work on a weekly basis: _____

8. Briefly describe your workspace (e.g. multidisciplinary clinic, home clinic, hospital, etc.) _____

9. **Student members:** please name the **school you are currently attending:** _____

CONTINUING EDUCATION

Are you currently maintaining a log of Continuing Education Units? **Yes / No**

Please list your **Continuing Education** in the past year:

COURSE TITLE OR OTHER METHOD OF ACQUIRING CEU'S	CATEGORY	CEU VALUE

WEBSITE INFORMATION

All graduates must be listed on the OAO website for verification of membership with insurance companies.

You may also wish to have more information added to the website for clients to find and/or contact you. Would you like your clinic number and main intersection listed on the website (for graduates only)? **Yes / No**

If yes, please indicate the following for posting on the website:

City/Town: _____ Phone Number: _____

Closest Major Intersection: _____

Would you like your email address posted on the website for clients to find and/or contact you? **Yes / No**

If yes, please list applicable email address: _____

DECLARATIONS

1. Have you ever been convicted or charged with, and not found not guilty or acquitted of, a criminal offence?
 Yes No
2. Has there ever been a finding of professional misconduct, incompetency or incapacity in Ontario in relation to the profession or another health profession, or in another jurisdiction in relation to the profession of massage therapy or another health profession?
 Yes No
3. Is there a current proceeding against you for professional misconduct, incompetency or incapacity in Ontario in relation to another health profession, or in another jurisdiction in relation to the profession of massage therapy or another health profession?
 Yes No
4. If you answered yes to one or more of these questions, have the details of all convictions, cases and proceedings been previously provided to the OAO?
 Not applicable Yes No

If you answered yes to one or more of questions 1 to 3 and have not previously provided the details to the OAO, please attach a sheet of paper providing details. If you answered yes to question 4 you do not have to resubmit the information.

GENERAL DECLARATION

I hereby certify that all statements I have made in all parts of this registration form are true and complete to the best of my knowledge and belief. I understand that a false or misleading statement may disqualify me from registration or may be cause for revocation of any registration which may be granted to me.

Dated this _____ day of _____, _____
Day Month Year

Signature

PAYMENT INFORMATION

Cheque payments can be in one of two ways:

Plan A: one time payment (\$1200)

Plan B: Three installments (totaling \$1200)

Please postdate cheques for:

November 1st:	\$400
January 1st:	\$400
March 1st:	\$400

*Please make cheques payable to the **OAO**.*

Complete and mail this form with your payment to the OAO. Mail to address below.

*Please ensure your **name** is on the cheque.*

*Note there will be a **\$25 fee per cheque for Non Sufficient Funds (NSF)***

Please circle the amount enclosed:

\$ 1200.00	(Full Active Member)
\$ 400.00	(Inactive Active Status)
\$ 325.00	(Quarterly Active)
\$ 125.00	(Quarterly Inactive)
\$ 200.00	(Student)
\$ 400.00	(Affiliate)

Please send cheques and membership forms to:

OAO
c/o Katharine Liberatore
349 Spring Gate Blvd.
Thornhill, ON
L4J 3C2

Please email Katharine Liberatore at **membership@osteopathyontario.com** with any questions, concerns or information changes. Please email Rishi Antras at **international@osteopathyontario.com** for questions about international memberships.

*definitions from page 1

Full Active: \$1200 If received before Jan 15, 2011 or \$1350 if received after Jan. 15, 2011.
If you are in active regular practice.

Inactive Status: If you plan to take the year off ex. sabbatical, sick leave, maternity etc. for the year. Please note that
\$400 when inactive you may not use your OAO number for billing and you will be noted as inactive on the
website.

Quarterly Active: Quarters are defined as Jan-March, April-June, July-September and October-December. You may
\$325 select both Quarterly Active and Quarterly Inactive if you plan to take only part of the year off. Please
calculate your fee accordingly. Indicate the total fee calculated and explain reason for inactive status in
the text box below. Please note that when inactive you may not use your OAO number for billing and
you will be noted as inactive on the website.

Quarterly Inactive: See Description Above
\$125

Complimentary If you are a student and would like to be a member without the benefits of membership.
Student: no fee

Supporting If you are a student and would like to be a member with benefits ex. reduced OAO course fees.
Student: \$200

Affiliate: \$400 If you live outside of Ontario and are a member of the OAO.

For full definitions, please refer to the OAO By-laws

Thank you for your 2011 registration application to the OAO