



## Registration form 2010

<b>Full member paid on or before January 1<sup>st</sup>:</b> .....	<b>\$1500.00</b>
<b>Full member late payment after January 1<sup>st</sup>:</b> .....	<b>\$1650.00</b>
<b>Student member:</b> .....	<b>\$200.00</b>
<b>Affiliate, supporting or inactive member due on or before January 1<sup>st</sup>:</b> .....	<b>\$400.00</b>

Please circle which membership you are applying for: **full / student / affiliate\* / supporting\* / inactive\***

*\* See page 4 for definitions*

**PERSONAL DATA**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Gender: M F  
 OAO no.: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**HOME ADDRESS:**

**PRIMARY BUSINESS/CLINIC ADDRESS:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Clinic Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Work/Clinic: \_\_\_\_\_  
 Fax: \_\_\_\_\_

*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

*If more space is needed, please use this reverse of this page  
Please consult the OAO Continuing Education Units Document for category's and values*

## 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 (\$1500)

**Plan B:** Three installments (totaling \$1500 + \$50 administrative fee)

Please postdate cheques for:

<b>November 1<sup>st</sup>:</b>	<b>\$500</b>
<b>January 1<sup>st</sup>:</b>	<b>\$550</b>
<b>March 1<sup>st</sup>:</b>	<b>\$500</b>

*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 enclose:      **\$1500**              **\$1550**              **\$1650**              **\$200**

***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 Andrew Lugowski at **international@osteopathyontario.com** for questions about international memberships.

\*definitions from page 1

***Affiliate member*** – osteopathic manual practitioner practicing outside the province of Ontario

***Supporting member*** – non-osteopathic practitioner, member of the public, wishing to support the OAO

***Inactive member*** – osteopathic manual practitioner not actively practicing, but wishing to maintain membership (e.g. maternal leave, leave of absence)

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

**Thank you for your 2010 registration application to the OAO**