



REQUIREMENTS: Foreign Trained Osteopathic Manual Practitioners

A. You must submit the following documents with your membership application:

1. Educational Institution Transcript

An official transcript of your academic and training record, signed by the Dean or Registrar, from the osteopathic educational Institution from which you graduated.

The transcript should include:

- a) The dates you attended the educational Institution
- b) All subjects of the osteopathic curriculum
- c) Your evaluation results
- d) The date you graduated

Please note:

- The official transcript must be mailed to the OAO directly from the education Institute
- Photocopies are not acceptable

2. Diploma or Certificate

A photocopy of your diploma or certificate from an osteopathic institute that has been approved by the OAO. The OAO may ask to see the original of this document before accepting your membership application.

3. Passport-size Colour Photo

A recent (taken within the last 6 months) passport-size colour photograph of yourself. You must sign and date the photograph (at the bottom).

4. Two Letters of Recommendation

These letters can be from a lawyer, a physician, or any other health practitioner in Ontario. The person writing the letter must have known you for at least 6 months.

B. You must submit your administration fee.

A \$50.00 Canadian cheque, non-refundable fee is required to cover administrative costs. Please make the cheque payable to the OAO, and include it with your membership application.



ONTARIO ASSOCIATION OF
OSTEOPATHIC
MANUAL PRACTITIONERS

APPLICATION FORM: Foreign Trained Osteopathic Manual Practitioners

Name: _____
Surname (include birth name or other names used) Given Name(s)

Home Address: _____
Street No. and Name Apt No.

City Province/State Postal/Zip Code

Country

Phone: _____ Email: _____
Include Area Code

Mailing Address: (if different from above)

EDUCATION

Educational Institute Graduated: _____

Diploma Received: _____

Year Graduated: _____

EMPLOYMENT HISTORY

1. Company Name: _____

How Many Years : _____

2. Company Name: _____

How Many Years: _____

3. Company Name: _____

How Many Years : _____

4. Company Name: _____
How Many Years: _____

PROFESSIONAL ASSOCIATIONS

(Professional organizations to which you belong)

My signature below certifies the above information to be true and accurate.

Signature

Date