

# CANADIAN OSTEOPATHIC ASSOCIATION MEMBERSHIP APPLICATION

## IDENTIFYING INFORMATION

NAME: \_\_\_\_\_

BIRTHDATE: (year)/(mo)/(date): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PREFERRED CONTRACT ADDRESS: (HOME)/(BUSINESS): \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

## EDUCATION

### UNDERGRADUATE EDUCATION

Name of Institution \_\_\_\_\_

Address: \_\_\_\_\_

Degree Obtained: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

### OSTEOPATHIC MEDICAL SCHOOL

Name of Institution \_\_\_\_\_

Address: \_\_\_\_\_

Degree Obtained: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

POST GRADUATE TRAINING (Internship, Residency)

1. Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Program: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

2. Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Program: \_\_\_\_\_

FELLOWSHIPS

Name of Institution \_\_\_\_\_

Address: \_\_\_\_\_

Degree Obtained: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

**REGISTRATION**

1. Please list all Provinces and States where you hold a medical license or have held a medical license:

\_\_\_\_\_ Year: \_\_\_\_\_ Number: \_\_\_\_\_

\_\_\_\_\_ Year: \_\_\_\_\_ Number: \_\_\_\_\_

\_\_\_\_\_ Year: \_\_\_\_\_ Number: \_\_\_\_\_

2. Have you ever been sanctioned or lost your license to practice medicine for any reason? \_\_\_\_\_

If the answer is yes, please provide details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you ever been convicted of a criminal offence? \_\_\_\_\_

If the answer is yes, please provide details \_\_\_\_\_

\_\_\_\_\_

4. Please provide copies of your current license to practice medicine when you submit this application.

**Practice History ( Locations)**

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**Are you available for student job shadowing or clinical elective placements?**

**YES**

**NO**

If so, please list the preferred contact details for prospective students ie phone, email address:

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**Other Professional Medical Organization Memberships: (eg: Provincial Medical Association, Canadian Medical Association, American Osteopathic Association)**

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Are you familiar with and do you ascribe to the "Code of Ethics" of these organizations?

YES/NO

**Voluntary Information:**

Please list medical or non-medical organizations and associations in which you have had leadership positions:

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Which areas of Canadian Osteopathic Association committee or leadership activity would you like to participate in (eg: Trustee, Committee membership or Chair, etc)

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The COA strives to respect our members preferences for contact confidentiality, while recognizing that much information is already available through publicly accessible databases such as provincial College of Physicians and Surgeons registration lists. Which of the following information would you prefer to have available publically through the COA website:

List

Private

1. Office Address:
  
2. Office Telephone Number:
  
3. Office Fax Number:
  
4. E-Mail Address:

If you work in an institutional setting, is there a contact address that is available for release to the public?

If so, please enter below:

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