



Canadian Osteopathic Association

CANADIAN OSTEOPATHIC ASSOCIATION MEMBERSHIP APPLICATION

IDENTIFYING INFORMATION

NAME: _____

BIRTHDATE: (YYYY/MM/DD): _____

HOME ADDRESS: _____

BUSINESS ADDRESS: _____

PREFERRED CONTRACT ADDRESS (Circle One): HOME or 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? YES / NO

If the answer is yes, please provide details _____

3. Have you ever been convicted of a criminal offence? YES / NO

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)

Are you available for student job shadowing or clinical elective placements? YES / NO

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

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

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:

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

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:
