



Application Form

www.osteod.com

1. Personal Information

First Name Last Name Middle Initial

Street Address

City Province Postal Code

Contact Information:

Home Number () - Cell Number () -

Work Number () - Fax Number () -

Email address: _____

2. Educational Background

College or University Name Address Degree Earned Date of Graduation

College or University Name Address Degree Earned Date of Graduation

College or University Name Address Degree Earned Date of Graduation

3. Please select one of the following:

DOMP course

CE course

– Specific Educational Module:

4. Health Care Practitioner Background

Practitioner Title _____ Type of License Held _____

*If several titles please attach list on separate sheet.

- a. Number of years the license has been maintained: _____
- b. Do you currently practice in this field? Y or N
- c. If so, what type of practice setting do you practice in?
- d. Is your practice setting a: single practitioner multiple practitioner multidisciplinary
- d. If you are not currently practicing, please explain why: _____
- e. Do you specialize in any type of treatment? _____
- f. What is your strength as a practitioner? _____
- g. What do you feel you can improve on in your practice? _____

5. Please describe the course of your choice.

- 6. Please attach a recent photo and copies of your diplomas and/or license, transcript from previous educational institution to this application.
- 7. Please attach this application using our website's contact form. (www.osteod.com you can also return this document by mail to 8000 Bathurst St., Unit #1, P.O. Box #30069, Thornhill, ON L4J 0B8)
- 8. By dating this document I agree that the information I have provided above is accurate to the best of my knowledge.
- 9. Date: _____
- 10. Please save this document as "read only" if submitting your application electronically.

Thank you for your application. We look forward to reviewing it.

Toronto Academy of Osteopathy
Phone: 416-567-5282/647-502-7787
www.osteod.com