

GENERAL OSTEOPATHIC COUNCIL OF ONTARIO

A DIVISION OF GENERAL OSTEOPATHIC COUNCIL OF CANADA

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RENEWAL FORM

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

| | | | | |
|-----------------|--|--------|--------|-----|
| Applicant Name: | | | | |
| Address: | | | | |
| City: | | Prov.: | | PC: |
| Tel. Home: | | | Cell: | |
| Date of Birth: | | | Email: | |
| Business name | | | | |
| Website: | | | | |

REQUIREMENTS FOR RENEWAL OF REGISTRATION

| | |
|--|--------|
| <input type="radio"/> GOCO Renewal fee - \$350.00 | GOCO # |
| <input type="radio"/> Proof of Professional Liability Insurance | |
| <input type="radio"/> Proof of Continuing Competence Education (20 CEU's) | |
| <input type="radio"/> Please enclose photocopies of new certificates, diplomas, etc. or updated C.V. | |
| <input type="radio"/> Please enclose a passport sized photo for your file if not previously submitted. | |

READ THE FOLLOWING STATEMENTS, SIGN & DATE.

SUBMIT THIS FORM ALONG WITH THE REQUIRED FEE AND DOCUMENTS.

| | |
|---|---|
| ✓ | I have successfully completed the Continuing Education courses as indicated on the enclosed documents. |
| ✓ | I understand that my membership must be renewed annually to validate my position on the registry with the General Osteopathic Council of Ontario. |
| ✓ | I understand that my membership with GOCO helps to identify the services that I provide to the public meet the highest standards as set by GOCO and must be surrendered when registration ceases or at the request of the Disciplinary Committee. |
| ✓ | I certify that the above information is correct to the best of my knowledge. |
| ✓ | Cheque / money order for \$350.00 payable to NEC for the renewal of my membership. |

Date of Renewal

Signature of Practitioner

FOR OFFICE USE ONLY

| | | | | | |
|---------------|--|---------------|--|---------|--|
| DATE REC'D: | | PYMT AMT: | | PYMT #: | |
| DATE OF PYMT: | | NAME ON PYMT: | | | |
| BANK: | | | | | |