

GENERAL OSTEOPATHIC COUNCIL OF ONTARIO

A DIVISION OF GENERAL OSTEOPATHIC COUNCIL OF CANADA
 Mailing Address: c/o 20-50 Silverbell Grove, Toronto, ON M1B 2L7
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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 Natural Medicine Institute 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:					