

General Osteopathic Council of Ontario

A DIVISION OF GENERAL OSTEOPATHIC COUNCIL OF CANADA

Mailing Address: c/o Andrea G., PH216-155 Beecroft Rd, Toronto, ON, M2N 7C6.

info@osteopathcanada.com

www.osteopathcanada.com

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

Requirements for Renewal of membership

<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 (60 CEU's)	
<input type="radio"/> Please enclose photocopies of new certificates, diplomas, etc. or updated C.V.	

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.
✓ Payment \$350.00 by etransfer or credit card for the renewal of my membership.

Date of Renewal

Signature of Practitioner

GOCO RENEWAL FORM