

Application for the Orthopaedics Graduate Studies Program

Applicants are advised to read the entire application package before completing forms. This form is electronically fillable.

Personal Details

Surname:

First Name:

Date of Birth:

YYYY/MM/DD

Gender:

☐ M

☐ F

☐ O

Citizenship:

Home Address:

City/Province/Country:

Postal Code

Correspondence Address same as Home?

☐ Yes

☐ No **If no,**

Correspondence Address:

City/Province/Country:

Postal Code:

Telephone:

E-mail:

Registration/License Number:

Province of Registration:

Academic Qualifications (please provide a list of all Post-Secondary Educational institutions that you have attended starting with the most recent and moving backwards in time.

Name of College/University	Start Date (yyyy/mm)	End Date (yyyy/mm)	Qualification (ie BSc, DC)	Degree Title or Program of Study

List your employment over the last 5 years starting with the most recent and moving backwards in time

Employer	Start Date (yyyy/mm)	End Date (yyyy/mm)	Job Title	Main Duties

List any committees or volunteer organizations that you have served on over the last 5 years starting with the most recent and moving backwards in time.

Committee/Organization	Start Date (yyyy/mm)	End Date (yyyy/mm)	Position	Main Duties

List any academic or professional awards or distinctions that you have received.

Award or Distinction	Date Received (yyyy/mm)	Reason for Award or Distinction

Please add any additional information that you would like the Graduate Studies Admissions Committee to consider.

Applicant's Declaration

To the best of my knowledge, I certify that all statements made in connection with this application are true and complete in all respects and that no information has been withheld. I acknowledge that the College of Chiropractic Orthopaedic Specialists (Canada), herein referred to as CCOS(C), reserves the right to refuse or terminate my admission should it be discovered the I made a false statement or have omitted significant information. I also hereby give consent to the Executive Board of the CCOS(C) to process and disclose the information in my application for any purposes connected with my studies and final examination.

I acknowledge that it is my responsibility to obtain original copies of my relevant academic transcripts and provide them to the CCOS(C) in the format requested. I acknowledge that it is my responsibility to provide CCOS(C) with proof from my professional licensing body that I hold a current certificate to practice and that I am not currently under investigation for issues related to professional misconduct. I also acknowledge that, should my status change in regards to being certified to practice or being investigated for any issues related to professional misconduct while I am a Graduate Student. I will inform the CCOS(C) immediately. I certify that I am not currently under investigation for any activity that would be considered to be a breach of any Federal or Provincial criminal code. I acknowledge that should my status with regards to a breach of a criminal code change while I am a Graduate Student that I will inform the CCOS(C) immediately.

Applicant's Name

Applicant's Signature

Date

Witness Name

Witness Signature

Date