CEO – (Osteopathic Studies) Inc.

Halifax Program

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INFO@CEO.QC.COM

Application Form – First year Osteopathic studies 2014-2015

Last Name: _____ First Name: _____

Home Address: _____City: _____

Province/State: _____Postal or/Zip Code: _____

Home Telephone: _____Cell phone: _____

Email Address: _____

Profession: _____License Number:_____

Business Address: _____City: _____

Province/State: _____Postal or/Zip Code: _____

Telephone: _____ Fax: _____

Email Address: _____ Date of birth : (DD/MM/YY) _____

How did you hear about the College? _____

Information required for Registration:

Please enclose the following items with this form to the address above.

- O Proof of identity (copy of birth certificate or passport)
- O Photocopies of certificates/diploma from educational institution or official transcripts
- O Photocopy of registration, certificate or license to practice
- O Letter from Governing body (stating that you are a member in good standing)
  or Letter of reference (employer)
- O Current Resume (CV)
- O 2 Passport size photos
- O Registration fee of 95 $; Payable to CEO at above address.

Registration fee must be paid with your application and is not refundable.

Signature: _____ Date: _____