



British Columbia School of Osteopathic manual practice inc.
CEO (Osteopathic Studies) Inc

Administrative offices

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Application Form – First year Osteopathic studies 2013-2014

Last Name: _____ First Name: _____

Home Address: _____

City: _____ Province/State: _____ Postal or/Zip Code: _____

Home telephone: _____ Other telephone: _____

Email Address: _____

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

Profession: _____ License Number: _____

Business Address: _____

City: _____ Province/State: _____ Postal or/Zip Code: _____

Telephone: _____ Fax: _____

How did you hear about the College? _____

Information required for Registration:

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

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

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

Signature: _____ Date: _____