



NMOS
 NATIONAL MANUAL OSTEOPATHIC
 SOCIETY

Office Use Only

Membership # INACTIVE

Approval Date: _____

Change Date: _____

Rcpt: _____

INACTIVE MEMBERSHIP APPLICATION

Personal Information

First Name: _____ Last Name: _____

Personal Email: _____

Date of Birth:(DD/MM/YYYY) _____ Gender: Male Female

Primary Telephone: (_____) _____ Secondary: (_____) _____

Home Address: _____

City/Province: _____ Postal Code: _____

Education and Training

School Name: _____

School Address: _____

Name of Program/Degree Completed: _____

Document awarded (please attach a copy): Certificate Diploma

Date Program started:(DD/MM/YYYY) _____ Date of Graduation:(DD/MM/YYYY) _____

Was the Program: Full Time Part Time Distance Education

Number of Program Hours: _____

Number of Clinical Rotation Hours: _____

Clinical Rotation Location: _____

Did you practice while in school? Yes No

If so, under which discipline(s)? _____

Previous/Additional Education for Healthcare: _____

If applicable, please attach a copy of all certificates

Current and Previous Associations

List all Regulatory Body/Associations you are or have been a member of:

Association Name	Registration Number	Issue Date(DD/MM/YYYY)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal Information Protection Act (PIPA)

Personal information is used only for internal database purposes. If a member’s residential address is also their business address, it is understood and agreed by the member, as signed below, that this information may be given out by the National Manual Osteopathic Society for business purposes only.

In order to provide and improve member services, the National Manual Osteopathic Society collects the personal and business-related information contained within this application. Other than your name, city, province, membership status and the above-mentioned business contact information, information you provide on this form is confidential and will only be used for the provision of member services and statistical reporting in accordance with the PIPA.

By signing this document, you are consenting to the collection, use and disclosure of personal information as described. Your signature is also considered consent for the National Manual Osteopathic Society to publish business contact information and treatment types available in various formats as required from time to time, including the Find an NMOS Professional area of the National Manual Osteopathic Society website.

I, _____, declare that the information provided, and statements made in this application and any attached documents are true and correct to the best of my knowledge. I understand that a false statement may affect the eligibility of membership with NMOS.

I further declare that I have read and agree to abide by the **Code of Ethics and Standards of Practice** found at www.nmos.ca. By affixing my signature below, I attest that I am not currently practicing manual osteopathy therapy. I understand and accept that false declaration of my status will result in review by the NMOS Disciplinary Committee and that I may lose my membership and membership privileges.

Signature: _____ **Date:** _____

Please Note:

- Incomplete applications will not be processed until all information is submitted.
- No refunds will be given for cancellation of membership for any reason.
- NMOS reserves the right to request additional information prior to processing a membership application.
- NMOS reserves the right to refuse membership to any applicant.

Application Checklist

- Completed Form Pages 1, 2 and 3
- Copy of Education Credentials including transcripts and diplomas
- Criminal Record Check including a Vulnerable Sector Check
 - *completed within the last 90 days
- Copy of valid government issued picture identification
- Indicate Payment Method:
 - Cheque (enclosed with application)
 - Money Order (enclosed with application)
 - Credit Card (you will receive an invoice from PayPal via email with further instructions for payment)
 - Email Money Transfer