



**NMOS**  
NATIONAL MANUAL OSTEOPATHIC  
SOCIETY

Office Use Only

Membership # \_\_\_\_\_

Approval Date: \_\_\_\_\_

Change Date: \_\_\_\_\_

Rcpt: \_\_\_\_\_

## FULL MEMBERSHIP APPLICATION

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Date of Birth:(DD/MM/YYYY) \_\_\_\_\_

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 with transcripts):  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 for?  Yes  No

If so, under which discipline(s)? \_\_\_\_\_

Do you have any other Healthcare Training?  Yes  No

Previous Additional Education for Healthcare: \_\_\_\_\_

If applicable, please attach a copy of all certificates & transcripts

### Standard First Aid/ CPR for Infants and Adults

Attach a copy of your current Standard First Aid and Level C CPR certificate

Standard First Aid/ CPR Expiration Date: \_\_\_\_\_

**Professional Information**

All places of practice (clinics) must be on submitted for insurance companies to have current information. If you require more space, please submit another page with all the required information for each location.

Business/Clinic Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Telephone: (\_\_\_\_\_) \_\_\_\_\_

Business Email: \_\_\_\_\_

Business Website/Facebook page \_\_\_\_\_

Are you the owner? (including but not limited to sole proprietor, partner, franchise, etc.)  Yes  No

Do you provide any services in a client’s home?  Yes  No

Do you provide services after 9:00PM?  Yes  No

Where are patient files stored? \_\_\_\_\_

How long are patient files kept? \_\_\_\_\_

**Current and Previous Associations**

Have you been a member of any associations?  Yes  No

List all Regulatory Body/Associations you are or have been a member of (including student memberships)

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

**Professional Conduct**

Please provide the following information regarding the applicant:

Have you, the applicant ever had a finding in the nature of professional misconduct, incompetency or incapacity, or a like finding made against you? Yes No

Are you currently under investigation or involved in a proceedings for conduct in the nature of professional misconduct, incompetency or incapacity or any like investigation or proceeding? Yes No

If the answer to either question is yes, please provide further information to NMOS.

**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](http://www.nmos.ca)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Application Checklist**

- Completed Form Pages 1, 2 and 3
- Copy of Education Credentials including transcripts and diplomas
- Copy of current First Aid/CPR min level C certificate
- 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

### **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.