



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

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.