

General Osteopathic Council of Ontario  
**A DIVISION OF GENERAL OSTEOPATHIC COUNCIL OF CANADA**  
Mailing Address: 71 Old Kingston Road, Unit 88, Ajax, ON L1T 3A6.  
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**Renewal Form**

Applicant Name:					
Address:					
City:		Prov.		PC	
Tel. Home:			Cell:		
Date of Birth:			Email:		
Business name:					
Website:					

Requirements for Renewal of Registration

<input type="checkbox"/> GOCO Renewal fee - \$350.00	GOCO #
<input type="checkbox"/> Proof of Professional Liability Insurance	
<input type="checkbox"/> Proof of Continuing Competence Education ( 60 CEU's )	
<input type="checkbox"/> Please enclose photocopies of new certificates, diplomas, etc. or updated C.V.	
<input type="checkbox"/> Please enclose a passport sized photo for your file if not previously submitted.	

Read the following statements, sign & date.  
Submit this form along with the required fee and documents.

✓	I have successfully completed the Continuing Education courses as indicated on the enclosed documents.
✓	I understand that my membership <b>must be renewed annually</b> to validate my position on the registry with the General Osteopathic Council of Ontario.
✓	I understand that my membership with GOCO helps to identify the services that I provide to the public meet the highest standards as set by GOCO and must be surrendered when registration ceases or at the request of the Disciplinary Committee.
✓	I certify that the above information is correct to the best of my knowledge.
✓	Payment <b>\$350.00 by e-transfer or credit card</b> for the renewal of my membership.

\_\_\_\_\_  
Date of Renewal

\_\_\_\_\_  
Signature of Practitioner

GOCC RENEWAL FORM