ASSOCIATION OF MANUAL OSTEOPATHS OF CANADA

Membership Application Form

Complete this form, save it, and email it with your supporting documents to info@amoc.ca with "Membership application" in the subject line. Questions: info@amoc.ca or 647-977-4624.

1. Membership type (tick one)

Fees are annual, in Canadian dollars, and no HST is charged. The one-time $120 application and credential assessment fee applies to Clinician and Inactive applications and is non-refundable. Annual dues are charged only when you are accepted.

- ☐ **Clinician member**: $300 per year + $120 application fee. Practising manual osteopaths who graduated from a program aligned with the WHO benchmarks and carry professional liability insurance. Registration number, public directory listing, insurer recognition, (C)MOP designation, AGM vote.
- ☐ **Student member**: $100 per year. Students currently enrolled in a WHO-aligned manual osteopathy program. Approved CE list and events, mentorship, insurance guidance, streamlined transition to Clinician membership. No directory listing or vote.
- ☐ **Inactive member**: $250 per year. Clinician members temporarily not practising (parental leave, illness, study, travel). Membership continuity, Members Area and CE access; no directory listing and no patient treatment while inactive.
- ☐ **Corporate member**: $500 per year (no application fee). Clinics, educational institutions and companies that support manual osteopathy in Canada. Corporate listing and logo, sponsorship and job-board access. Complete sections 2, 8, 9 and 10.

2. Applicant information

Legal name (as on ID): _____ Preferred name: _____

Date of birth (YYYY-MM-DD): _____ Pronouns (optional): _____

Email: _____ Phone: _____

Mailing address: _____

City: _____ Province / Territory: _____ Postal code: _____

Emergency contact name: _____ Emergency contact phone: _____

Relationship to emergency contact: _____

3. Practice information (Clinician and Inactive applicants)

Clinic / practice name: _____ Clinic phone: _____

Clinic address: _____

City: _____ Province / Territory: _____ Postal code: _____

Website: _____ Languages spoken: _____

Areas of focus (for your directory profile): _____

☐ Publish my profile (name, clinic, languages, areas of focus) in the AMOC public directory once I am accepted.

4. Manual osteopathy education

AMOC assesses every application individually against the WHO Benchmarks for Training in Osteopathy. Type I programs (no prior healthcare training) require at least 4,200 hours; Type II programs (for existing healthcare professionals) require at least 1,200 hours. Practical technique labs and clinical hours must have been completed in person under live supervision.

☐ **Type I program** (at least 4,200 hours) ☐ **Type II program** (at least 1,200 hours)

School / institution: City and country:

Program name and credential earned: Graduation date (or expected):

Total program hours: Supervised in-person clinical hours: Practical lab hours:

Prior healthcare qualification (Type II applicants and regulated professionals):

Profession / credential: Institution and year:

Regulatory college (if any): Registration number:

Students: give the school, program and expected graduation date above and attach proof of enrolment (a letter from the school or a current tuition receipt).

5. Internationally trained applicants

☐ **I completed my manual osteopathy training outside Canada.** I have attached a detailed course syllabus or program description showing hours by subject, certified English or French translations of any documents not in English or French, proof of registration or licensure in my country of training (if applicable), and a credential assessment from a recognized service such as WES or ICAS where the program's equivalence is not clear. An additional credential assessment fee may apply.

Country of training: Registration / licence number there (if any):

6. Regulatory standing and other memberships

☐ I am **not** registered with any regulatory college.

☐ I am registered with a regulatory college or professional body (details below):

College / body and profession: Registration number:

Other osteopathy associations you belong to (if any):

☐ I am in good standing with every regulatory college and professional body I belong to and have no unresolved disciplinary matters. Proof of good standing is attached where applicable.

7. Professional liability insurance (Clinician applicants)

Clinician members must hold $2,000,000 professional and general liability coverage for manual osteopathy. If you do not yet hold coverage, you may provide the certificate after your application is approved; membership is activated only when insurance is confirmed.

Insurer / broker: Policy number:

Coverage limits: Expiry date (YYYY-MM-DD):

☐ Certificate of insurance attached ☐ I will provide the certificate after approval

8. Corporate applicants only

Organization legal name: Website:

☐ Clinic or multidisciplinary practice ☐ Educational institution

☐ Continuing education provider ☐ Industry partner (insurance, equipment, software, services)

Contact person and role: Contact email and phone:

Short description of what your organization does (schools and course providers: attach a program outline or course list):

Corporate membership is not practitioner registration: it confers no right to practise, no registration number and no (C)MOP designation on any individual, and membership of a school is not accreditation of its program.

9. Payment

Amount due with this application: Clinician $120 application fee (annual dues of $300 are invoiced on acceptance) · Inactive $120 application fee (dues $250) · Student $100 · Corporate $500. Application fees are non-refundable; annual dues are refundable within 30 days of payment if membership has not yet been activated. Do not write card numbers on this form or in an email; AMOC will send secure payment instructions for card payments.

- ☐ **Interac e-Transfer** to info@amoc.ca (put your full name in the message)
- ☐ **Credit card**: please send me secure payment instructions
- ☐ **Cheque** payable to Association of Manual Osteopaths of Canada

e-Transfer reference or cheque number: _____ Amount paid: _____ Date paid: _____

10. Declaration and signature

- ☐ I certify that the information in this application and the attached documents is true, complete and accurate.
- ☐ I have read and agree to abide by AMOC's Code of Ethics, Standards of Practice, Practice Guidelines, bylaws and policies, including the Privacy Policy (amoc.ca/privacy-policy).
- ☐ I authorize AMOC to verify my education and credentials with my school and with any regulatory body or association named in this application.
- ☐ I understand that the application fee is non-refundable, that AMOC may request original documents or further information, and that Clinician membership is activated only when insurance is confirmed.
- ☐ I understand that membership may be suspended or revoked for a breach of AMOC's rules, and that I must notify AMOC of any change to my regulatory standing.

Signature (type your full name): _____ Date (YYYY-MM-DD): _____

11. Supporting documents checklist (tick each item you are attaching)

Clinician and Inactive applicants

- ☐ Diploma or degree in manual osteopathy
- ☐ Government-issued photo ID
- ☐ Certificate of insurance ($2,000,000 professional and general liability), or after approval
- ☐ Professional headshot for your directory profile (optional)
- ☐ Official transcript showing courses and hours
- ☐ Standard First Aid and CPR Level C certificate
- ☐ Proof of good standing from any regulatory college you belong to
- ☐ Proof of payment (e-Transfer confirmation) or cheque

Internationally trained applicants (in addition)

- ☐ Detailed course syllabus or program description showing hours by subject
- ☐ Proof of registration or licensure in your country of training, if applicable
- ☐ Certified English or French translations of documents not in English or French
- ☐ Credential assessment (WES or ICAS) where equivalence is not clear

Student applicants

- ☐ Proof of enrolment (letter from the school or current tuition receipt)
- ☐ Government-issued photo ID

Corporate applicants

- ☐ Program outline or course list (schools and course providers)
- ☐ Logo and description for your corporate listing

Email everything to **info@amoc.ca** with "Membership application" in the subject line. Scans or clear photos are accepted; originals may be requested. The Registration & Credentials Committee usually reviews complete files within 2 to 4 weeks.

OFFICE USE ONLY

Date received: _____ Fee received: _____ Committee decision: _____ Registration number: _____

Insurance confirmed: _____ Activated on: _____ Notes: _____