

Application for Active Membership

ACTIVE GUIDE

This guide will assist you in completing your application for Active Membership.

Section 1: Personal Information

- 1a. Please choose the Active Membership (practices in Ontario) option.
- 1b. Insert your first, middle (optional), and last name. You have the option to add your photo (your photo will not be available to the public and is for recordkeeping purposes only).
- 1c. Insert your residential address. This address will not be available to the public and is for recordkeeping purposes. If you are applying from outside Canada and still need a Canadian address, insert your current address. You will be required to update your address with the Ontario Association of Osteopathic Manual Practitioners (OAO) as soon as you enter Canada.
- 1d. Indicate where you prefer to receive electronic or email communications from the OAO. Indicate where you would prefer to receive a hard copy (postal) communication from the OAO. Please include the suite, apartment, or unit number. This is also where your subscription to the International Journal of Osteopathic Medicine (IJOM) will be sent. Currently, the IJOM publishes four issues per year.
- 1e. Insert your primary clinic address. Recall that Active applicants must practice in Ontario. The clinic listed on the form will be shown in the "Find a Practitioner" section of the OAO website. You may add up to three clinics if you have more than one clinic address. Please note that when entering your website address, you will need to enter it in the following format <https://www.domain.com>.
- 1f. The membership year is from January 1 to December 31.

Section 2: Business Information

- 2a. Indicate which commercial electronic messages (emails) you wish to receive from the OAO.
- 2b. Indicate if you prefer to receive messages via text.
- 2c. Select a username and password that will be used to log into the Members Only portal of the OAO website once approved as a member.

Section 3: Osteopathic Educational Background

- 3a. Select the full name of your osteopathic educational institution.
- 3b. Insert the full location of your osteopathic educational institution. You must upload an electronic copy of your diploma/degree and transcripts in PDF format.
- 3c. State your language of osteopathic instruction. If it was neither English nor French, you must complete one of the following ESL (English as Second Language) or FSL (French as Second Language) tests and upload an electronic copy of your results in PDF format: SELT/IELTS/TOFAL/TEF or CELPIP examination results.

Section 4: Osteopathic Work History

- 4a. If you graduated more than 24 months ago, you are required to submit a Work History Form in PDF format in this Guide (see Page 6). Do not include student experience. In this form, you will outline your osteopathic work experience in the past 24 months and explain any gaps in work experience longer than six months. Any explanation of gaps should be brief and describe only the very basic nature of the absence.
- 4b. If you are or previously were registered with another regulatory body or association, you will be required to provide the following information:
- Upload proof of registration for other Register/Regulatory bodies/Association (PDF format). If no longer registered, proof from the Register/Regulatory body/Association of the previous registration.
 - Name on Register/Regulatory bodies/Association
 - Registration Date
 - Province
 - Country of body
 - Registration number
 - Register/Regulatory body/Association website (please note that when entering your website address, you will need to enter it in the following format <https://www.domain.com>).

Section 5: Eligibility to Work in Canada

- 5a. Applicants applying for Active Membership are required to be engaged in the practice of osteopathy in Ontario. These questions determine whether you are an Ontario practitioner and qualify for Active Membership.
- 5b. Indicate that you are eligible to work in Canada either as a Canadian citizen, permanent resident or with a valid work visa/permit. If applicable, insert the expiry date of your current work permit.
- 5c. To evidence your eligibility to work in Canada, an electronic copy of your Canadian birth certificate, passport, permanent resident card, work permit, or visa (PDF format) must be uploaded.
- 5d. Documents from the Canadian Government stating “Your application to work in Canada has been approved” are not valid work permits or work visas. A permit authorizing you to work will be issued to you on your arrival to Canada following an examination by an officer of the Canada Border Services Agency. This document or visa is required before membership can be approved.

Section 6: Professional Liability Insurance

- 6a. Applicants are required to have professional liability insurance in an amount determined by the Board. Currently, the requirement is \$5 million per claim. Your policy certificate must clearly show that it is to cover the practice of osteopathy for the province in which you are practicing. The certificate must state coverage for the following modalities: Osteopathic Manual Practitioner – practicing within the scope of your completed education in manual osteopathy. Your insurance must cover all of your osteopathic activities. See the last two pages of this Guide for samples of an insurance certificate.
- 6b. Enter the Broker and carrier name, policy amount, e.g., \$5 million, the certificate number and the expiry date. You will be required to upload an electronic copy (PDF format) of your insurance certificate.

Section 7: Vulnerable Sector Check

- 7a. Vulnerable Sector Check (VSC): When completing your VSC application, please ensure that you provide your legal name, as shown on your passport, and any other names you may have used, including all first, middle, last, nicknames, hyphenated, maiden, married*, divorced, and name changes.
*To ensure accuracy, if you have a maiden name, please include a copy of your marriage license.
- 7b. Every applicant must upload an electronic copy of the results of a VSC as part of their application. OAO is committed to fostering the practice and professional advancement of osteopathic care. VSCs are an important step in the process of supporting OAO's mandate. Depending on where you live, it may take 1 to 12 weeks or longer to obtain the results of a VSC. Once you receive your VSC, please ensure that all the names you included on your application are listed. As applications will not be processed until results are received, we suggest applying for the VSC well in advance of your application date. The OAO accepts VSCs issued within the past six months.
- 7c. If you live in the City of Toronto (postal code starts with M), you must obtain a Toronto Police Service VSC link/form and OAO's Agency Code from the OAO. An OAO staff person is required to verify your identification, so please email the front and back of at least two pieces of government-issued photo ID to membership@osteopathyontario.org.
- 7d. As of September 5, 2023, the Toronto Police Service offers VSC applications to be completed online. To apply, we will forward you the instructions, VSC link/form and OAO's Agency Code.

Section 8: Standard First Aid with CPR/AED minimum Level C

- 8a. Standard First Aid with a minimum Level C CPR/AED: You are required to upload an electronic copy (PDF format) of a valid Standard First Aid with a minimum Level C CPR/AED.
- 8b. Only Canadian-based, WSIB-approved First Aid resources will be accepted. You can find the resources available to you at <https://www.wsib.ca/en/providers-approved-deliver-emergency-and-standard-first-aid> or Coast2Coast <https://www.c2cfirstaidaquatics.com/>.
- 8c. Only Standard First Aid with Basic Life Support (BLS), First Responder, and Remote/Wilderness courses exceed the minimum of Level C CPR/AED.

Section 9: Declarations

- 9a. If there are any current or past findings (as detailed in the declarations), you are required to disclose this with your application. Complete and attach the Proceedings History Form in PDF format in this Guide (see Page 7), as well as copies of any decisions imposed by either the court, a regulatory body, and/or a disciplinary committee. If no such proceedings exist, check the box.
- 9b. This section lists a number of declarations or statements that you must agree with and agree to follow if you become an Active member.

Section 10: Fee

- 10a. Fees will be calculated based on the month of the year your application is completed.
- 10b. Membership fees can be paid in Canadian funds online with a credit card. If you have any questions on other payment methods, e.g., e-transfer, cheque, money order or bank draft made out to the 'Ontario Association of Osteopathic Manual Practitioners', please email membership@osteopathyontario.org for further assistance.

Section 11: Attachments

- 11a. Review the Document Checklist in this Guide (see Page 5) prior to submitting your application. This will ensure that you submit a complete package. Incomplete applications will not be reviewed by the Membership Committee.

Section 12: Review Process

- 12a. Your application will be forwarded to the Membership Committee for review. If your application is complete and meets all required criteria, your application will be submitted to the Board of Directors for approval. You will be advised by email of your application's acceptance or rejection within 60 days of receipt. If your application is incomplete or further clarification is required, we will contact you by email.

Application for Active Membership FEE SCHEDULE

Important Note for New Members – Membership Approval Process:

In the initial application process, there is a non-refundable \$100.00 + HST Application Processing Fee, following which application approval will be pending upon approval by the Board. The successful Applicant will receive notification of approval in addition to a link for the processing of payment for the membership fees.

The membership fee for Active membership is \$1,200.00 + \$156.00 HST = \$1,356.00.

For Applicants who were previously OAO members but had their membership terminated by the Board of Directors, there is an additional fee for reinstatement of \$169.50 (including \$19.50 HST). If paying by cheque, Applicants must pay this fee by a separate cheque.

If you have any questions regarding the application or any of the required attachments, please send your questions to membership@osteopathyontario.org.

Application for Active Membership DOCUMENT CHECKLIST (PDF Electronic Copies)

Completed Active application form.

An electronic copy of the diploma/degree and transcripts.

Results of a language test (if the language of osteopathic instruction was not English or French) on test-centre letterhead or a print screen from a web-based results centre.

Completed Work History Form if more than 2 years have passed since graduation from osteopathic instruction or the Applicant is not governed by an osteopathic regulatory body.

Current registration, or previous registration, with another regulatory or unregulated body or association.

Evidence of eligibility to work in Canada, e.g., copy of Canadian birth certificate, passport, permanent resident card, work permit or visa.

Professional Liability Insurance Policy, \$5 million per incident, with modality or endorsement for Osteopathy or Osteopathic Manual Practitioner.

Valid Vulnerable Sector Check (VSC), dated within six months of the application submission date, to include a search on all first, middle, last, nicknames, hyphenated, maiden, married*, divorced, and name changes.

*A copy of your marriage license, if applicable.

Valid Standard First Aid with a minimum Level C CPR/AED from a Canadian-based, WSIB-approved organization.

Proceedings History Form, if there are any findings of guilt, negligence or professional misconduct against you, or any ongoing proceedings regarding same.

Application processing fee in Canadian funds by e-transfer, cheque, money order or bank draft made out to 'Ontario Association of Osteopathic Manual Practitioners' or online with a credit card.

If applicable, prorating service charge fee and/or reinstatement fee.

The OAO will not process your application if:

- Forms are incomplete.
- Supporting documents are missing.
- Supporting documents are illegible.
- The application processing fee is not provided.

Application for Active Membership OSTEOPATHY WORK HISTORY

** Do not include clinical experience while you were a student of osteopathy **

Start mm/yy	End mm/yy	Clinic/Employer Name & Address	Title	Est Hours per Week	Supervisor Name & Current Phone Number	Colleague Name & Current Phone Number

Please explain any gaps in practice greater than six months, e.g., illness or parental leave:

Application for Active Membership PROCEEDINGS HISTORY FORM

Province or Country	Date of Hearing	Tribunal or Court Name	Findings attached with application (Y/N)

INSURANCE CERTIFICATE

FOR THE MEMBERS OF THE CANADIAN FEDERATION OF OSTEOPATHS Identifies that Policy is for Osteopathy services
 Berkley Policy# **XX#####-####** Policy Number

BMS Canada Risk Services Ltd. Insurance Broker
 825 Exhibition Way, Suite 209
 Ottawa, ON K1S 5J3

Named insured: Your Name and Address here	Declaration page: Certificate of Insurance No. «Cert_» Certificate Number
Policy Period From: «Effective» To: «Expiry»	12.01 a.m. standard time at the postal address of the Named Insured stated herein.
Premium: \$«Premium» FULLY RETAINED Tax: \$Tax Total: \$	

Professional Liability: (Occurrence Form)	Commercial General Liability: (Occurrence Form)
Limit Per Occurrence \$5,000,000	Limit Per Occurrence \$5,000,000
Aggregate Limit \$5,000,000	Aggregate Limit \$5,000,000
Disciplinary Expense \$150,000 per occurrence	Bodily Injury and Property Damage \$5,000,000
\$150,000 aggregate	Tenant's Legal Liability \$500,000
Therapy & Counselling \$25,000 per occurrence	Employee Benefits \$1,000,000
\$50,000 aggregate	Employer's Liability \$1,000,000
Loss of Earnings \$750 per day	SPF 6 Non-Owned Automobile \$100,000
Out of Country 90 days	S.E.F 94 Legal Liability for \$100,000
Loss of Documents \$5,000 aggregate	Damage to Hired Autos
Libel and Slander \$50,000 aggregate	S.E.F. 96 Contractual Liability \$5,000,000
E-services Included	S.E.F. 99 Excluding Long Term Included
Breach of Copyright Included	Leased Vehicle Endorsement
Defence Costs for Alleged \$150,000 aggregate	O.E.F. 98B Reduction of Included
Criminal Acts Excl. Abuse	Coverage for Lessees or Drivers of Leased Vehicles
Defence Cost \$250,000 aggregate	Medical Expenses \$25,000 per person
Reimbursement for Abuse (Legal Expenses only)	Coverage Territory Canada
Coverage Territory Canada	Jurisdiction Canada
Jurisdiction Canada	Deductible Nil
Deductible Nil	Communicable Disease Included
Spam Exclusion Included	Exclusion
	Electronic Spam Exclusion Included

Coverage extends to services rendered as a(n): Other insured professional services listed here if selected

PROFESSIONAL & GENERAL LIABILITY c e r t i f i c a t e o f i n s u r a n c e

COMPLEMENTARY HEALTHCARE PRACTITIONER

Your name and
address here

(A) Certificate
number

CERTIFICATE #: **551474306-OSTEK-ON-10254**

POLICY TERM: **September 25, 2017 - September 25, 2018**

TRANSACTION: **NBS**

POLICY PREMIUM PAID: **\$ 405.00**

(Includes 8% PST, \$25.00 fee & 25% commission)

This certificate of insurance will serve as written confirmation that the Insurance Policy as hereinafter described, is in full force and effect covering the NAMED INSURED as designated above. This certificate is subject to all of the terms, conditions, exclusions and limitation of the NOVEX INSURANCE COMPANY policy number as stated in the certificate number above.

(C) Insurance Carrier/Underwriter

NOTE: The definition of NAMED INSURED in the policy restricts coverage to qualified therapists to whom a certificate of insurance has been issued.

FORM OF BUSINESS: **INDIVIDUAL***

THIS POLICY PROVIDES COVERAGE FOR THE FOLLOWING MODALITIES:
OSTEOPATHIC MANUAL PRACTITIONER - practicing within the scope of your completed education in manual Osteopathy

Coverage for osteopathy



(D) Insurance Brokerage

Ciara Dixon (R.I.B. Ontario)
Direct Dial 1-800-265-2625 Ext. 356



DESCRIPTION OF COVERAGE

PROFESSIONAL LIABILITY Occurrence Form

Miscellaneous Malpractice Liability Form (PR01N)*

\$5,000,000 Limit Per Claim

(B) Per claim coverage

\$5,000,000 Aggregate Limit Per Year

(minimum \$5-million)

Covering liability imposed by law for damages resulting from injury occurring during the policy period arising out of the negligence in the rendering or failure to render professional services in the practice of the named insured's profession.

DEDUCTIBLE: \$0

LEGAL EXPENSE INSURANCE (PR11N)*

\$25,000 Limit Per Claim

\$25,000 Aggregate Limit Per Year

(Must be reported within 60 days of notification of any allegation against you.)

CRIMINAL DEFENCE COST REIMBURSEMENT ENDORSEMENT*

\$10,000 Limit Per Claim

\$10,000 Aggregate Limit Per Year

COMMERCIAL GENERAL LIABILITY Occurrence Form (LR02N)*

\$5,000,000 Limit Per Claim

\$5,000,000 Aggregate Limit Per Year

Covering liability imposed by law for damages resulting from bodily injury or property damages occurring during the policy period arising out of the operations of the named insured.

DEDUCTIBLE: \$1,000

TENANTS LEGAL LIABILITY (LR02N - Coverage D)*

\$500,000 Limit Per Claim

Covering damages to the shell of the building in which you rent or lease space. It will not cover contents you own nor tenant improvements to your unit. Visit the FAQs page on our website for details.

DEDUCTIBLE: \$1,000 Any One Premises

GOOD SAMARITAN ENDORSEMENT*

Covering liability imposed upon the insured for providing assistance in an emergency.

PERSONAL PROTECTION PACKAGE - The Commercial Edge Coverage Endorsement (Property) (EP04N - RMT Edge)*

\$10,000 Limit Per Claim

\$10,000 Aggregate Limit Per Year

DEDUCTIBLE: \$500

LEGAL GUARD INFORMATION SERVICE (G019N)*

24/7 Telephone access to a legal information service for questions you have relating to your business. (1-855-365-LEGA)