



International Osteopathy Examining Board

Exam Application

International Osteopathy Examining Board
10-8707 Dufferin Street, Suite 410
Thornhill, Ontario
L4J 0A6

Tel: 647 - 497-9218

Fax: 647 - 497-9782

Email: info@osteopathyboard.org

Website: www.osteopathyboard.org

PERSONAL INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Last Name	First Name	Middle Name

Previous Name: (If any alternation in or change of name since registration at birth)

Sex: M F

Date of Birth DD / MM / YYYY

MAILING ADDRESS

Apt.NO.	Street No.	Street name			City	
Prov./State	PC/ZIP	Country	Email Address			
Area Code	Telephone(Home)	Area Code	Telephone(Work)	Ext.	Area Code	Fax:

EDUCATION INFORMATION

Have you completed all requirements for graduation? Yes No Graduation Date: DD / MM / YYYY

OTHER EDUCATION

University/College	Dated Attended		Degree/Diploma Conferred
	From	To	

ATTACH:

- 1. A copy of the osteopathic school transcript

- 2. 2" x 2" coloured photograph of self taken within the past year. Name of applicant must also appear on the back of the photograph.

- 3. Examination fee of \$621.50 by certified cheque or money order payable to the International Osteopathy Examining Board

Print Name

City/ Town/ Village

I, _____, of _____, in the country of _____

do solemnly declare that the completed form hereto affixed is accurate, complete and true. I am the applicant whose signature is below, the submitted recent photograph is of me, and I understand my obligation to immediately inform IOEB of any changes to the information in this application. I make this solemn declaration conscientiously believing it to be true and knowing that is of the same force and effect as if made under oath .

Signature Applicant

Examination Fee: \$621.50 (Canadian) Payable by certified cheque or money order only.
Please send payment in the amount of \$\$621.50 made payable to International Osteopathy Examining Board:
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