

Application for Membership

Part A: Personal Information

(Applicant must complete this section and may be contacted at the address/phone no. indicated)

Surname»

Given Name»

Street Address»

City»

Province»

Postal Code»

Phone No.»

Date of Birth»

email address»

Are you a Canadian Citizen?»

yes/no

If no, are you authorized to work in Canada?»

yes/no

Have you ever been refused a license to practice chiropody or podiatry?»

yes/no

If yes explain»

Part B: Education

(Applicant must complete this section and attach all relevant transcripts to this application)

What is the name of the undergraduate institution you attended?»

Did you graduate?»

yes/no

What designation did you receive (e.g.. B.A./B.Sc.)?»

Do you have transcripts to verify this?»

yes/no

Are the transcripts attached to this application?»

yes/no

If no explain why»

What is the name of the chiropody or podiatry institution you attended?»

Did you graduate?»

yes/no

What designation did you receive (e.g.. DPM/DCh)?»

Do you have transcripts to verify this?»

yes/no

Are the transcripts attached to this application?»

yes/no

If no explain why»

Part C1: Previous Licensure

(Applicant must complete this section)

↓ Which of the following Licensing examinations have you successfully passed?

College of Chiropodists of Ontario Registration Examination (Parts A , B and C)

UK Health Professions Council Registration Exam

Office of the Registrar
c/o Dr M. Deiana
2105 Retallack Street Regina SK S4T 2K5

Health Professions Council of South Africa Podiatry Entrance Examination

Australasian Podiatry Council Entrance Examination

US Podiatric Medicine Licensing Exam (Parts I, II and III)

None of the above

Are you currently licensed to practice chiropody or podiatry in any other jurisdiction other than the province of Saskatchewan?»

yes/no

If no, have you held a license to practice in any jurisdiction other than the province of Saskatchewan in the past ten (10) years?»

yes/no

Part C2: Verification of Previous Licensure (If you have answered yes to either of the above two (2) questions, you must get your licensing body/jurisdiction to complete the following section)

What is the name of your licensing body»

Jurisdiction»

Name and Phone No. of Contact Person»

Does the above applicant currently hold an unrestricted license to practice chiropody or podiatry

in your jurisdiction?»

yes/no

Are you aware of any instance where the above applicant has ever been the subject of a professional misconduct or incompetence

hearing which resulted in any form of discipline, reprimand, fines or sanctions?

yes/no

Affix Signature or Seal to this document

Date

Saskatchewan College of Podiatrists

www.scop.ca

Part D: References

(Have two (2) regulated health professionals complete the section below)

Name of Reference #1»

Profession/License No.»

Contact Information and Phone No.»

I confirm that the above named applicant is of good moral character and I am not aware of any reason why the above applicant should be denied a membership in the Saskatchewan College of Podiatrists.

Signature of Reference #1

Date

Name of Reference #2»

Profession/License No.»

Contact Information and Phone No.»

I confirm that the above named applicant is of good moral character and I am not aware of any reason why the above applicant should be denied a membership in the Saskatchewan College of Podiatrists.

Signature of Reference #2

Date

Part E: Applicant's Declaration

(Applicant must sign and date the following section)

I certify that my answers are true and complete to the best of my knowledge. If this application leads to membership, I understand that false or misleading information in my application may result in refusal of membership and/or licensure.

Signature of Applicant

Date

Saskatchewan College of Podiatrists
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c/o Dr M. Deiana
2105 Retallack Street Regina SK S4T 2K5

