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Full time & Part Time Clinically Based Practice Oriented  
Scientific Manual Osteopathic Education

**PROGRAM CHOICE**

Have you previously applied to the NAO?  yes  no

Manual Osteopathy	<input type="checkbox"/> 8 months full time (February)	<input type="checkbox"/> 8 months full time (September)	<input type="checkbox"/> 20 months part time (March)
Interactive Manual Osteopathy	<input type="checkbox"/> 8 months full time (February)	<input type="checkbox"/> 8 months full time (September)	<input type="checkbox"/> 20 months part time (March)
Accelerated Manual Osteopathy	<input type="checkbox"/> 4 months part time (February)	<input type="checkbox"/> 4 months part time (September)	<input type="checkbox"/> 9 months part time (March)
Accelerated Interactive Manual Osteopathy	<input type="checkbox"/> 4 months part time (February)	<input type="checkbox"/> 4 months part time (September)	<input type="checkbox"/> 9 months part time (March)
Doctor of Osteopathy	<input type="checkbox"/> 4 years full time (September)		

**CERTIFICATE PROGRAMS**

Osteopathic Manipulative Therapy (COMT) <input type="checkbox"/>	Auxiliary Osteopathy Therapy (CET) <input type="checkbox"/>	Certified Fitter: Foot Orthotics (CFFO) <input type="checkbox"/>
Certified Fitter: Support Hose (CFSH) <input type="checkbox"/>	Decompression Traction Therapy (CDTT) <input type="checkbox"/>	Clinical Ergonomics (CCE) <input type="checkbox"/>
Decompression Traction Assistant (CDTA) <input type="checkbox"/>	Certified DNA Sample Collector (CDSC) <input type="checkbox"/>	

Mr.  Mrs.  Ms.  Dr. Last Name

First Name

Middle Name

**PERMANENT ADDRESS**

It is the applicant's responsibility to provide accurate and current contact information.

Apt. No. Street No. Street Name City

Prov./State PC/ZIP Country E-mail Address

Area Code Telephone (Home) Area Code Telephone (Work) Ext. Area Code Fax

**MAILING ADDRESS**

If your mailing address is the same as your permanent address check this box  if not complete this section.

Apt. # Street # Street Name City

Prov./State PC/ZIP Country

**PERSONAL INFORMATION**

Sex:  M  F Social Insurance Number (if Canadian): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YYYY

Status:  Canadian Citizen  Canadian Permanent Resident  International Student

Emergency contact: Name Telephone Number Relationship

## EDUCATIONAL INFORMATION

List all secondary and post-secondary institutions attended, in chronological order, beginning with the most recently attended. Please ensure that for each institution listed, an official transcript is forwarded directly to the Academy you are applying to.

Name/Type of Institution	Dates Attended		Area of Study	Type of Certification Received (certificate, diploma, degree)
	from	to		

## EMPLOYMENT HISTORY

Will you be a secondary school graduate by the first day of school?  yes  no

Name of Company	Period of Employment		Position	Contact person	Telephone No.
	from	to			

You may provide additional information which you feel might be relevant to the admissions process. This could include your resume, record of community service and leadership, personal achievements, academic distinctions, and/or a brief letter outlining your reasons for your choosing osteopathic manual practice as a career path.

## APPLICATION CHECKLIST

Please note that your application cannot be processed without the application fee and all accompanying documents.

When submitting your application ensure that:

- |  |  |
|--|--|
| <input type="checkbox"/> the entire application form is completed, signed and dated, | <input type="checkbox"/> two passport size recent photographs are attached   |
| <input type="checkbox"/> all transcripts are attached                                | <input type="checkbox"/> you included the non-refundable application fee of \$169.50 (\$150 plus HST) made payable to National Academy of Osteopathy |

## PRIVACY STATEMENT

Information collected on this form and from supporting documentation is required for the purposes of admitting applicants to the osteopathic manual practice program. Once an applicant has been admitted to National Academy of Osteopathy as a registered student, the information collected will be used in the conduct of the academies normal operations. No information collected herein shall be provided to any third party for any commercial purpose whatsoever without the prior consent of the applicant/student.

## DECLARATION

I hereby apply for admission to National Academy of Osteopathy. I understand the application fee covers the cost of processing the application. I hereby affirm and declare that all statements contained in this application for admission are true, correct, and complete and that I have not misrepresented or withheld any fact that would, if fully and accurately disclosed, affect my application unfavourably. I understand that false statements, misrepresentations, and/or omissions on this application may be considered sufficient cause for rejection of this application, or, if successfully admitted, suspension or expulsion from the Academy upon discovery of any such false statement. By signing this application form I acknowledge that I have read the student contract and policy that is available at: [http://www.nationalacademyofosteopathy.com/documents/nao\\_student\\_contract.pdf](http://www.nationalacademyofosteopathy.com/documents/nao_student_contract.pdf).

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date