



Enrolment Form

Instructions: In order to register for the DOMP program you must fill out the following form as well as submit your payment for Module I. Please note that this is an editable PDF, which you can fill out directly on your computer and emailed to Dorothy Halonen at admissions@lccanada.com as an attachment.

Date: _____

Program name: **Diploma in Osteopathic Manual Practice (DOMP)**
Delivery format: **Integrated Learning**
Academic year: **2016 - 2017**

Student First Name _____

Student Last Name _____

Email _____

Profession _____

Years in practice _____

Highest level of education reached _____

Phone _____

Street address _____

City _____ Province/State _____

PC/ZC _____ Country _____

Additional information about yourself (optional) _____