



## **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@lcoCanada.com](mailto:admissions@lcoCanada.com) as an attachment.

Date: \_\_\_\_\_

Program name: **Diploma in Osteopathic Manual Practice (DOMP)**  
Delivery format: **Integrated Learning**  
Academic year: **2017 - 2018**

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) \_\_\_\_\_