



Please send your completed form and documentation to:
admin@osteopathymanitoba.org

Please send your E-transfer (Canadian funds only) to:
treasurer@osteopathymanitoba.org

Personal Information:

Mrs Miss Ms Mr Mx Dr Date of Birth (mm/dd/yyyy) _____
First Name: _____ Middle Initial: _____ Last Name: _____
Residential Address: _____
Postal Code : _____ Telephone: _____
Fax: _____ Email: _____

Clinic Information:

Business/Company/Clinic Name: _____
Business Address: _____
City/Town: _____ Province: _____ Postal Code: _____
Telephone: _____ Fax: _____
Email: _____ Website: _____

Social Media:

Facebook: _____ Instagram: _____
Twitter: _____ TikTok: _____
Other: _____

Preferred Mailing Address: Home Work Preferred Email: Home Work

You can see how your information appears to the public by visiting:

<https://www.osteopathymanitoba.org/find-a-therapist>

Clinic Location 2: (if applicable)

Clinic Name: _____
Clinic Address: _____
City/town: _____ Prov: _____ Postal Code: _____
Telephone: _____ Fax: _____
Email: _____ Website: _____



Membership Categories: (Please check one)

The MAOMT membership year begins April 1st and ends March 31st

Active Membership (voting):

- \$625 annual fee (\$550 MAOMT/\$75 CFO) + a one time administration fee of \$50
Total Annual Fee = \$708.75 (includes GST)

If joining mid year fees will be prorated on a quarterly basis:

- July to Sept: \$468.75 + one time admin fee of \$50 = **\$544.69** (includes GST)
- Oct to Dec: \$312.50 + one time admin fee of \$50 = **\$380.63** (includes GST)
- Jan to March: \$156.25 + one time admin fee of \$50 = **\$216.56** (includes GST)

Requirements:

1. Possess osteopathic professional liability insurance of at least 5 million
2. Are a graduate of an MAOMT approved osteopathic educational institution
3. Work and/or live in Manitoba and are a practicing Osteopathic Manual Therapist or are currently a student member and wish to upgrade to an active member
4. Will adhere to the Code of Ethics, Standards of Practice and all MAOMT guiding documents
5. Are a Canadian citizen, a permanent resident of Canada or are authorized under federal legislation to work and are able to practice manual Osteopathy
6. Are able to speak and write in either English or French with reasonable fluency

Active Membership (Re-instated) (voting): See Above for Fees and Requirements

Inactive Members : \$100 (plus GST) = \$105.00

Requirements:

1. Have graduated from a MAOMT approved osteopathic educational institution
2. Have previously been an active MAOMT member for a period of one or more years within the 36 month period preceding the request to become an Inactive Member
3. Are **not** actively engaged in treating patients osteopathically
4. Are a Canadian citizen, a permanent resident of Canada or are authorized under the federal legislation to work and are able to practice manual Osteopathy
5. Are able to speak and write in either English or French with reasonable fluency

Student Membership (non voting): \$75 (plus GST) = **\$78.75**

Requirements:

1. Currently enrolled in a MAOMT approved osteopathic educational institution
2. Will adhere to the Code of Ethics, Standards of Practice and all MAOMT guiding documents.
3. Posses student osteopathy liability insurance
4. Agree to not practice Osteopathy until an active member and have earned the title of Osteopathic Manual Therapist

Supporting (non voting): Suggested Donation **\$200**

Requirements:

- 1) Have an interest in the corporation and it's work
- 2) Have an interest in furthering the objectives of the corporation
- 3) Will adhere to the Code of Ethics, Standards of Practice and all MAOMT guiding documents



Please complete the following information:

- Proof of \$5 million osteopathic professional liability insurance for Manitoba (please provide copy of insurance certificate)**

Name of Insurance Brokerage: _____

Name of Insurance Carrier: _____

Policy and/or certificate number: _____

- Proof of Vulnerable Sector Check**

- For Winnipeg residents: go to Winnipeg Police services online portal to apply
- For non-Winnipeg residents: go through your local police services or RCMP detachment where you reside

- Proof of Valid CPR/AED (Level C)**

Name of Educational Institution: _____

City/Country of Institution: _____

Year of Graduation: _____

- A copy of my diploma/certificate as proof of successful completion of educational requirements (please provide)**

For CEO/CCO/CSO graduates Only:

- I confirm that I am a CEO/CCO/CSO graduate and understand that an educational bridging policy applies to my application.



Declarations:

- Have you ever been found guilty under the Criminal Code or are there any pending criminal charges, excluding offences under the Highway Act? **Yes** **No**
- Has there ever been a finding of professional misconduct, incompetency or incapacity in any jurisdiction in relation to the profession of osteopathic manual practice or any profession? **Yes** **No**

(If you answered yes to any of the above questions, please provide detailed information with your application.)

If accepted as a member, the applicant will (immediately and without reminders):

1. Practice with decency, integrity and honesty and in accordance with the law;
2. Communicate effectively with, and display an appropriate attitude towards clients and colleagues;
3. Agree to comply with the MAOMT Code of Ethics, Standards of Practice, Practice Guidelines, policies, and bylaws, as amended from time to time;
4. Advise the MAOMT of any changes in personal information, work details or liability insurance coverage;
5. Comply with all membership requirements, including continuing education, as amended from time to time;
6. Acknowledge that MAOMT members are not allowed to be members of any other Manitoba provincial osteopathy association and will notify the MAOMT without delay if one chooses to belong to another Manitoba association;
7. Provide the MAOMT, without delay, with details of any of following:
 - a. current proceeding or finding of guilt for a criminal offence in any jurisdiction;
 - b. a current proceeding or finding of negligence, professional misconduct, incompetency or incapacity in any jurisdiction, arising from osteopathic practice or any other health profession.

I hereby certify that all statements I have made in all parts of this application form are true and complete to the best of my knowledge and belief.

I understand that a false or misleading statement may disqualify me from membership or may be cause of revocation of any membership that may be granted to me.

Dated this _____ day of _____ (month/year)

Signature: _____



Your application will be submitted to the Board of Directors (BOD) for approval. Applications can take up to 60 days to process, and will only be considered when all required documents have been submitted.

All information submitted through this form will be kept in your confidential member file. For active members, select information—including your name, clinic name, business address, and business phone number—will be published on the MAOMT website under *Find a Therapist* to allow insurance companies to verify membership status.

MAOMT members are expected to acquire 72 Continuing Professional Development (CPD) hours per 3 year cycle to maintain professional relevancy (See CPD Policy for details).

All memberships dues are non refundable and membership is not transferable. Please feel free to send any inquires to: admin@osteopathymanitoba.org

Please keep a copy of this completed form for your own records.

Application Checklist:

- Completed forms page 1 to 5
- Copy of Diploma/Certificate
- Copy of Liability Insurance
- Copy of CPR certificate
- Copy of vulnerable Sector Check
- Course questionnaire (page 7)
- Payment (e-transfer to: treasurer@osteopathymanitoba.org)



To better help with the selections of courses offered to members please provide the following information:

Name : _____

Courses of Interest:

- DNS (Dynamic Neuromuscular Stabilization)
- SMFA (Selective Functional Movement Assessment)
- FMA (Functional Movement Screen)
- Encephalon Dynamics and Endocranial Spasms
- Concussions/Whiplash
- SAT (Specific Adjusting Technique)
- Mechanical Link
- Orthopedic and Neurological Evaluation
- Women's Health
- Pregnancy and labour
- Pediatrics
- Fascial & OA's
- Lymphatics
- Palpation Seminar (Dialogue with the silent Partner and the Inner Physician)
- Vascular Tree
- NeuroKinetic Therapy
- Neuroscience in Osteopathy
- Misc: Please explain what you would like to see be taught or brought in through the association
