



# OUTCHITEL CHIROPODY PROFESSIONAL CORPORATION

Phone: 905-709-8692, Fax: 905-709-1875, Email: [dfc@rogers.com](mailto:dfc@rogers.com)  
9 - 110 Milner Ave, Scarborough, ON M1S 3R2

## Foot Care Course Registration Form

All questions must be answered. Please print in block letters.

### PERSONAL INFORMATION

First and Last Name: \_\_\_\_\_  
Please print

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E mail: \_\_\_\_\_

Prerequisite: Grade 12 or equivalent, Police background check for vulnerable sector, speak and write English fluently.

EDUCATION – Please circle highest education achieved:

OSSD

COLLEGE

UNIVERSITY

Name of Faculty: \_\_\_\_\_

Address: \_\_\_\_\_

Year of graduation: \_\_\_\_\_ High School: \_\_\_\_\_

Nursing: Where: \_\_\_\_\_ CNO Reg. # \_\_\_\_\_

PSW: Where: \_\_\_\_\_

Other: \_\_\_\_\_

You may email scan of your certificate, diploma, or your RESUME.



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## RELEVANCE OF THE COURSE TO CAREER PLAN OR GOALS:

Which of the following categories, BEST describes your main reason for undertaking this course.

- |                          |   |                          |                                     |
|--------------------------|---|--------------------------|-------------------------------------|
| <input type="checkbox"/> | To secure employment in my field          | <input type="checkbox"/> | To get a better job or promotion    |
| <input type="checkbox"/> | To develop my existing foot care business | <input type="checkbox"/> | It is a requirement of my job       |
| <input type="checkbox"/> | To start my own foot care business        | <input type="checkbox"/> | I want extra skills for my job      |
| <input type="checkbox"/> | To try a different career                 | <input type="checkbox"/> | To get into another course of study |
| <input type="checkbox"/> | For personal interest or self-development | <input type="checkbox"/> | Other                               |

If other, please describe: \_\_\_\_\_

## Please Select Your Course

- Introductory and PSW Foot care (1 day)
- Basic Nursing Foot Care (3days)
- Basic, Advanced and Diabetic Nursing Foot Care (5days)

## Date

Date of submission is the application date for your registration. Space is limited and is awarded on a "first come first served" basis.

## Malpractice Insurance Coverage

Professional Liability Protection (malpractice insurance) is mandatory. Please submit prove of your current coverage along with other documentation.

## Cost of Foot Care Course

- |   |        |
|---|--------|
| <input type="radio"/> Introductory and PSW Foot care (1 day)          | \$489  |
| <input type="radio"/> Basic Nursing Foot Care (3 days)                | \$1350 |
| <input type="radio"/> Basic, Advanced and Diabetic Foot Care (5 days) | \$2100 |

Course Fee includes Registration Fee of \$300.

For Basic and Advanced Course Textbook and one set of foot care instruments is included in tuition fee.

HST is included in a COURSE FEE.



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Tuition fee will be charged at the beginning of the COURSE.

For nurses in Ontario, this course may qualify you for reimbursement from your associations for up to \$1500.

Please contact RNAO or RPNAO for application form for funding grant up to \$1500./year.

Program Refunds

Registration Fee of \$300 - No refund

Non-attendance - No refund

Non-completion of Practical part of the course – No refund

## STUDENT DECLARATION

This form has been completed by me personally and the information I have given is correct. I understand that the information provided will be verified prior to enrolment. I consent to the instructor of the course obtaining personal information necessary to verify my application. I understand that this application does not guarantee a place in the Foot Care Course. All information given to the instructor will be kept confidential and kept on file. Information regarding unsuccessful or withdrawn applicants will be destroyed.

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Signature

Date

Fill out the application for Foot Care Course. Please, fill in all applicable blanks.

Submit application and a \$300.00 non-refundable certified cheque made payable to:

OUTCHITEL CHIROPODY PROFESSIONAL CORPORATION (OCPC)

Unit 203 – 7131 Bathurst Street, Thornhill ON L4J 7Z1

Phone: 647-832-9390

V.m.: 416-763-9199

Email: [dfc@rogers.com](mailto:dfc@rogers.com)

You also can e-transfer your Registration Fee of \$300 to [dfc@rogers.com](mailto:dfc@rogers.com)

Any changes or alterations to this application will automatically make it null and VOID

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