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**Request for Certificate Change**

Complete and return this form only if you are currently a member of the College and you wish to request a change of certificate. If you wish to resign from the College, please use the [Resignation Form](http://www.cpo.on.ca/WorkArea/DownloadAsset.aspx?id=1708).

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| --- | --- |
| I currently hold a:  (identify your current certificate): | Choose an item. |
| I am now requesting a change to a:  (identify certificate change): | Choose an item. |

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| Change Effective Date :  (Please note the College is unable to backdate requests) | Click here to enter a date. |
| If you are requesting an inactive certificate and you know the date you wish to return to an autonomous practice certificate, please indicate the return date here (6 month minimum): | Click here to enter a date. |

Request to return to Autonomous Practice from Inactive earlier than 6 months will be by approval of the Registrar.

**Reason for Requested Change:**

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|  |  |
| Signature | Print Name |
|  |  |
| Registration Number | Signed on (Date) |

**Fee Schedule:**

Autonomous Practice Certificate: $795.00 Inactive Certificate: $238.50

Academic Certificate: $397.50 Retired Certificate: $50.00

Return Form by: Email to [cpo@cpo.on.ca](mailto:cpo@cpo.on.ca) or Fax 416-961-2635

Mail: 110 Eglinton Ave West, #500, Toronto M4R 1A3