



Payment Plan Request Form for Registration Renewal 2024

The purpose of this form is to request a payment plan from the College for registration renewal fees due on October 1, 2024. Submit a request only if you are confident that you will be able to demonstrate to the College that exceptional circumstances exist, which prevent you from paying the annual registration and administration fees as outlined in the College's Fees and Remuneration By-law and required by the Registration Regulation for issuance of a certificate of registration. There is no guarantee that submitting a payment plan request form will result in the approval of a payment plan.

The deadline to submit this form to the College is September 1.

Please allow a minimum of 10 business days for the processing of your request.

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|---|------------|--|
| First Name: | Last Name: | College Reg. No.: |
| Criteria for College to approve the request: | | |
| <ul style="list-style-type: none"> Payment plan previously requested Experience with past payment plan (no NSF) Agreement to work with terms of plan | | <ul style="list-style-type: none"> Past history with the College Request submitted within timeframe Exceptional circumstances present |

| Instalment Dates | Inactive Registrant (as of October 1): \$1237 Payable | Class Change to Inactive (between October 2 to November 1): \$1364 Payable | General or Supervised Practice Registrant: \$2756 Payable |
|---|--|---|---|
| October 1, 2024 | \$289 | \$312 | \$592 |
| November 1, 2024 | \$237 | \$263 | \$541 |
| December 1, 2024 | \$237 | \$263 | \$541 |
| January 1, 2025 | \$237 | \$263 | \$541 |
| February 1, 2025 | \$237 | \$263 | \$541 |
| Penalty Fee, if applied by the Registrar, is due with 1 st payment | \$178.05 penalty fee + \$289 = \$467.05 | \$197.10 penalty fee + \$312 = \$509.10 | \$405.90 penalty fee + \$592 = \$997.90 |

Details and evidence of exceptional circumstances for requesting a payment plan (if additional space is required, a letter may be attached to this form):

I confirm and agree to pay the above amounts on the dates specified by providing the College **with post-dated cheques prior to October 1**. Should one of my payments be returned by the bank as NSF or is non-negotiable, I agree to immediately pay in full any outstanding amount owed to the College, including any applicable late fees and NSF charges, and I understand my payment plan arrangement will be voided. Returned cheques are subject to the \$40 returned cheque fee and to the 15% penalty fee on registration fees. I declare that the information in this application is complete and accurate.

| | |
|-------------------------|--------------------|
| Registrant's Signature: | Date (dd/mm/yyyy): |
|-------------------------|--------------------|

Submit this completed form by email to: registration@cmo.on.ca no later than September 1.

Upon the processing of this form, the College will advise the registrant by email.