



Application for Certification

Section A - Personal Information:

Title: _____ Last Name: _____ First Name: _____

Company Name: _____ Job: _____

Title: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Business Tel: (____) _____ Home Tel/Cell : (____) _____

E-mail Address (used for membership): _____

Section B - Certification Type and Path:

CPDOA -

1. Student _____
2. Clinician _____
3. Experience _____

CPDOM -

1. Executive _____
2. Clinician _____
3. Experience _____

CPDC -

1. Experience _____

Section C - Declaration:

- I certify that I have read the qualifications for certification and I qualify to apply for the certification type and path selected above.

Date: _____

Initials: _____

Full Name: _____

Signature: _____