

APPLICATION FOR CERTIFICATION

SECTION A - PERSONAL INFORMATION:

Title:

Last Name:

First Name:

Company Name:

Job:

Title:

Address:

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: