

**FOR OFFICE USE ONLY**

Application/Registration Number:

Date Application Received:

Special Accommodation Application Received:

APPLICATION FOR SAFETY AND JURISPRUDENCE COURSE TEST

Please print clearly.

1. PERSONAL INFORMATION Mr. Ms. **(Name must match the proof of identification)**

Legal First Name:

Legal Middle Name *(if any)*:

Legal Last Name:

Date of Birth: _____
(mm/dd/yyyy) Notarized proof of identification attached (e.g. notarized copy of birth/marriage/divorce certificate, passport)
Please note that if you have already submitted a proof of identification prior to this application, you do not have to submit it again.**2. CONTACT INFORMATION (confirmation will be sent by email)**Street No. & Name *(Required)*

Suite No.

City *(Required)*Province *(Required)*Country *(Required)*Postal Code *(Required)*Telephone *(Required)*

Alternate Phone

Fax

Email Address *(Required)***3. TEST DATES (Indicate the test(s) and date you wish to apply for. You can only choose ONE date per test)**

Due to the limited number of seats, we cannot guarantee space will be available for all requests. It will be on a first come, first serve basis.

	Jurisprudence Course Test	Safety Program Test for R. Ac	Safety Program Test for R.TCMP
Friday, January 19, 2018 (Application deadline: January 5, 2018)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday, January 22, 2018 (Application deadline: January 8, 2018)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday, February 22, 2018 (Application deadline: February 8, 2018)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Location: 705-55 Commerce Valley Drive West, Thornhill, ON L3T 7V9**Information regarding the test time will be sent by EMAIL once the application is complete. Test fees will NOT be refunded upon cancellation and tests will not be rescheduled.**

4. TESTING ACCOMODATIONS

Please one box only

Do you have any special needs which require accommodation (i.e., medical conditions, learning disability)?

Yes No

If you answered "yes", please complete the [Testing Accommodation Application Form](#). You will be required to attach supporting documents for your special needs.

5. APPLICANT'S DECLARATION

I solemnly declare that the contents of this application including any applicable attachments are true and complete to the best of my knowledge and belief.

I understand and agree that if I make any false or misleading statement or representation on or in connection with my application, I shall be deemed not to have satisfied the requirements to write the Safety Program Test and/or Jurisprudence Course Test.

I understand that I must notify the College in writing within thirty days of any change of home and mailing address, phone number, and email address.

I understand that the Jurisprudence Course Test and/or Safety Program Test is an open-book, multiple-choice test offered in English.

Declared by:

Name of Applicant (Please print)

Signature of Applicant

Date of Signature
(mm/dd/yyyy)

6. PAYMENT OF FEES

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Jurisprudence Course Test Fee | \$116.53 (\$103.12 + \$13.41 HST) |
| <input type="checkbox"/> Safety Program Test Fee | \$116.53 (\$103.12 + \$13.41 HST) |

Method of Payment

- Payment Method 1: Certified Cheque / Money Order** (made payable to the “College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario”)
- Payment Method 2: Credit Card** (fill next section)

Payment Method 2:	Credit Card
If you are paying by credit card, fill out this section. Candidate Number (if applicable): _____	
Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>	
Card number: _____	
Name on card (please print): _____ _____	
Expiry date on card (mm/yyyy): _____ / _____	
Security code (3 digit number on back of card): _____	
By my signature, I authorize the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario to charge my Visa or MasterCard account with the amount of \$_____ in Canadian funds.	
Signature: _____	

7. SUBMISSION OF APPLICATION

CTCMPAO (Attention: **Safety and Jurisprudence Course Test**)
705 – 55 Commerce Valley Drive
Thornhill, ON L3T 1V9