



Jurisprudence Examination Application

PERSONAL INFORMATION

First Name (include your commonly used name in brackets if applicable) Last Name Middle Initial

Preferred Salutation (e.g., Mr. Ms. Mrs. Miss) Gender: M F ID Number

HOME CONTACT INFORMATION

Street Address City/Town Province Postal Code

Home Phone # Cell Phone # Email Address

JURISPRUDENCE EXAMINATION LANGUAGE PREFERENCE

English French

JURISPRUDENCE EXAMINATION DATES

Applicants will be able to schedule a Jurisprudence examination date after payment has been processed. Dates are subjected to availability

PAYMENT OPTIONS

The fee for the Jurisprudence Examination is **\$225.00**

Please check this box if you are paying by certified cheque or money order and attach your payment to this form.
**We do not accept personal cheques*

If you are paying by credit card, fill out this section. For your security and confidentiality, credit card information will be securely destroyed after processing.

Visa MasterCard

Amount Authorized

Credit Card Number

Date of Expiry

Name of Cardholder

Cardholder Signature



ACKNOWLEDGEMENTS

I acknowledge that the personal information provided on this form is used by the College to administer the *Regulated Health Professions Act, 1991*, the *Massage Therapy Act, 1991*, the Regulations, the By-laws, the policies, the Standards of Practice, and for research and other projects related to the governance of massage therapists and is collected, used and disclosed in accordance with the College Privacy Code.

CANDIDATE SIGNATURE: _____ DATE: (MM/DD/YYYY) _____