



# Examinations Application Form

If you have questions regarding an examination which have not been addressed in the *Examination Guidelines*, please contact the Examinations Department at [applications@cchpbc.ca](mailto:applications@cchpbc.ca).

## Part I: Candidate Information

First (Given) Name: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

Last (Family) Name: \_\_\_\_\_

Common (Preferred) Name: \_\_\_\_\_

Date of Birth (Month / Day / Year): \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address (Residential): \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #1: \_\_\_\_\_ Telephone #2: \_\_\_\_\_

Email (Personal): \_\_\_\_\_

CNME-Accredited ND Program: \_\_\_\_\_

Location / Campus: \_\_\_\_\_

Year Enrolled: \_\_\_\_\_ Degree Date (MM / DD / YY): \_\_\_\_\_



## Part II: Examination Application

Please indicate the examination(s) you are applying for:

- Jurisprudence
- Oral Practical

Preferred Sitting (Month / Year): \_\_\_\_\_

Number of Previous Attempts: \_\_\_\_\_ CCHPBC Jurisprudence  
\_\_\_\_\_ CCHPBC Oral Practical

Sections Required to Reattempt:

<input type="checkbox"/> Physical Examination	<input type="checkbox"/> Differential Diagnosis	<input type="checkbox"/> Orthopaedic Testing	<input type="checkbox"/> Naturopathic Manipulation	<input type="checkbox"/> Emergency Medicine
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**If applicable, please list all previous registration examination attempts completed in other regulated Canadian jurisdictions (excluding NABNE).**

Exam: \_\_\_\_\_ Date (MM / DD / YYYY): \_\_\_\_\_ |

Regulatory Body: \_\_\_\_\_

Exam: \_\_\_\_\_ Date (MM / DD / YYYY): \_\_\_\_\_

Regulatory Body: \_\_\_\_\_

Exam: \_\_\_\_\_ Date (MM / DD / YYYY): \_\_\_\_\_

Regulatory Body: \_\_\_\_\_

Exam: \_\_\_\_\_ Date (MM / DD / YYYY): \_\_\_\_\_

Regulatory Body: \_\_\_\_\_



Exam: \_\_\_\_\_ Date (MM / DD / YYYY): \_\_\_\_\_

Regulatory Body: \_\_\_\_\_

## Part III: Declarations & Consent

I acknowledge that it is my responsibility to ensure that CCHPBC has received my official transcript from an CNME-Accredited ND Program on or before the examination registration deadline indicated on CCHPBC's website.

Initials \_\_\_\_\_

I acknowledge that it is my responsibility to ensure that my contact information remains current with CCHPBC while I am in the examination process.

Initials \_\_\_\_\_

I acknowledge that the date, time, or delivery of the examination may be subject to change after submission of my application, and it is my responsibility to check my email and CCHPBC's website for any updates.

Initials \_\_\_\_\_

I acknowledge that examination fees are subject to change and have identified the most current application fees available on CCHPBC's website. I authorize CCHPBC to process my application fee using the payment method indicated on the *Payment Form*.

Initials \_\_\_\_\_

I agree to hold harmless CCHPBC, its examiners, invigilators, staff, and examination candidates from and against any and all liability costs, damages and expenses, causes of action, actions, claims, demands, lawsuits or other proceedings made, sustained, brought or prosecuted, for personal bodily injury, in any way based upon, occasioned by or attributable to my participation as an examination candidate.

Initials \_\_\_\_\_

I understand that CCHPBC examinations contain confidential information. I further understand that I am not permitted to discuss, recount, post, reproduce, share, or otherwise distribute or disseminate any information pertaining to the examination that I may learn as a result of my participation.

Initials \_\_\_\_\_

I will not take notes of any kind during the examination, except on the writing materials provided for that purpose.

Initials \_\_\_\_\_



I will not bring unauthorized materials or devices into the examination. This includes, but is not limited to, photographic equipment, communication or recording devices, smart devices, etc.

*Initials*

I understand that should I be found to have disregarded the confidentiality requirements associated with my participation, and a breach of examination security occurs, the College may seek damages and/or take any other action it deems appropriate.

*Initials*

Signature: \_\_\_\_\_ Date (MM / DD / YYYY): \_\_\_\_\_