

## Examination Application Education Summary

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Official academic transcripts and course certificates **must** accompany the application and **must** demonstrate successful completion of the program. A transcript will be considered official only if it bears the seal of the institution and the signature of the registrar.

Program	College or University Attended	Dates of Attendance	Did You Graduate/Complete?	Achieved
<b>Undergraduate Degree</b>	Name: _____ _____ City: _____ Prov: _____ Phone: _____	<b>From:</b> ____/____/____ dd/mm/yyyy <b>To:</b> ____/____/____ dd/mm/yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Graduation: _____	Degree: _____ _____ Major: _____ _____
<b>Graduate Degree</b>	Name: _____ _____ City: _____ Prov: _____ Phone: _____	<b>From:</b> ____/____/____ dd/mm/yyyy <b>To:</b> ____/____/____ dd/mm/yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Graduation: _____	Degree: _____ _____ Major: _____ _____
<b>Doctoral Degree</b>	Name: _____ _____ City: _____ Prov: _____ Phone: _____	<b>From:</b> ____/____/____ dd/mm/yyyy <b>To:</b> ____/____/____ dd/mm/yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Graduation: _____	Degree: _____ _____ Major: _____ _____

**Submit required documentation to:**

Certification Council  
c/o NIDMAR  
4755 Cherry Creek Road  
Port Alberni, BC V9Y 0A7  
Canada

## Examination Application Education Summary

Program	College or University Attended	Dates of Attendance	Did You Graduate/Complete?	Achieved
<b>Diploma/ Certificate</b>	Name: _____ _____ City: _____ Prov: _____ Phone: _____	<b>From:</b> ____/____/____ dd/mm/yyyy <b>To:</b> ____/____/____ dd/mm/yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Graduation: _____	Diploma / Certificate: _____ Major: _____
<b>Diploma/ Certificate</b>	Name: _____ _____ City: _____ Prov: _____ Phone: _____	<b>From:</b> ____/____/____ dd/mm/yyyy <b>To:</b> ____/____/____ dd/mm/yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Graduation: _____	Diploma / Certificate: _____ Major: _____
<b>Other</b> (educational experiences, credentials, short courses)	Name: _____ _____ City: _____ Prov: _____ Phone: _____	<b>From:</b> ____/____/____ dd/mm/yyyy <b>To:</b> ____/____/____ dd/mm/yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Completion: _____	Course Certificate including description: _____ Major: _____
<b>Other</b> (educational experiences, credentials, short courses)	Name: _____ _____ City: _____ Prov: _____ Phone: _____	<b>From:</b> ____/____/____ dd/mm/yyyy <b>To:</b> ____/____/____ dd/mm/yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Completion: _____	Course Certificate including description: _____ Major: _____

**Submit required documentation to:**

Certification Council  
c/o NIDMAR  
4755 Cherry Creek Road  
Port Alberni, BC V9Y 0A7  
Canada