

## 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                                       |
|----------------------|--|--|--|--|
| Undergraduate Degree | Name: _____<br>_____<br>City: _____<br>Prov: _____<br>Phone: _____ | From: _____ / _____ / _____<br>dd/mm/yyyy<br>To: _____ / _____ / _____<br>dd/mm/yyyy | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Date of Graduation: _____ | Degree: _____<br><br>Major: _____<br><br>_____ |
| Graduate Degree      | Name: _____<br>_____<br>City: _____<br>Prov: _____<br>Phone: _____ | From: _____ / _____ / _____<br>dd/mm/yyyy<br>To: _____ / _____ / _____<br>dd/mm/yyyy | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Date of Graduation: _____ | Degree: _____<br><br>Major: _____<br><br>_____ |
| Doctoral Degree      | Name: _____<br>_____<br>City: _____<br>Prov: _____<br>Phone: _____ | From: _____ / _____ / _____<br>dd/mm/yyyy<br>To: _____ / _____ / _____<br>dd/mm/yyyy | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Date of Graduation: _____ | Degree: _____<br><br>Major: _____<br><br>_____ |

**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  |
|---|--|--|--|---|
| Diploma/<br>Certificate                                     | Name: _____<br>_____<br>City: _____<br>Prov: _____<br>Phone: _____ | <b>From:</b><br>_____ / _____ / _____<br>dd/mm/yyyy<br><b>To:</b><br>_____ / _____ / _____<br>dd/mm/yyyy | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Date of Graduation:<br>_____<br>_____ | Diploma / Certificate:<br>_____<br>_____<br>Major:<br>_____<br>_____                    |
| Diploma/<br>Certificate                                     | Name: _____<br>_____<br>City: _____<br>Prov: _____<br>Phone: _____ | <b>From:</b><br>_____ / _____ / _____<br>dd/mm/yyyy<br><b>To:</b><br>_____ / _____ / _____<br>dd/mm/yyyy | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Date of Graduation:<br>_____<br>_____ | Diploma / Certificate:<br>_____<br>_____<br>Major:<br>_____<br>_____                    |
| Other (educational experiences, credentials, short courses) | Name: _____<br>_____<br>City: _____<br>Prov: _____<br>Phone: _____ | <b>From:</b><br>_____ / _____ / _____<br>dd/mm/yyyy<br><b>To:</b><br>_____ / _____ / _____<br>dd/mm/yyyy | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Date of Completion:<br>_____<br>_____ | Course Certificate including description:<br>_____<br>_____<br>Major:<br>_____<br>_____ |
| Other (educational experiences, credentials, short courses) | Name: _____<br>_____<br>City: _____<br>Prov: _____<br>Phone: _____ | <b>From:</b><br>_____ / _____ / _____<br>dd/mm/yyyy<br><b>To:</b><br>_____ / _____ / _____<br>dd/mm/yyyy | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Date of Completion:<br>_____<br>_____ | Course Certificate including description:<br>_____<br>_____<br>Major:<br>_____<br>_____ |

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