



# CSCT CERTIFICATION EXAMINATION

## APPLICATION FORM

Please complete the following CSCT National Certification Examination application form and send it (along with required documentation and fees – **payable to your province**) to your Provincial Education Coordinator/Director on or before the exam application deadline date (February 1 and July 1)

For candidates writing for the final time (4<sup>th</sup> attempt) – please send required additional documentation to the CSCT exam chair ([examchair@csct.ca](mailto:examchair@csct.ca)) to be received no later than 30 days prior to the exam date

It is recommended that you save this application to your computer as a word document, complete all fields and print it. This will ensure that all information is legible

**Language:** The CSCT National Certification Examination is available in both English and Canadian French - Reference: The *English-French Dictionary of Medical and Paramedical Sciences* by W.J. Gladstone, 5th edition: 2002. Published in Quebec and deposited both in the Canadian National Library and the Quebec National Library). Regional Dialects are **not** taken into account

**Demographics: The CSCT exam delivery service is required to provide candidate demographic information to their provincial regulatory body :birthdate, citizen or immigration status, gender and aboriginal status**

### **Communication before and after the exam:**

Acknowledgement of receipt of application will be by **email**

Information regarding time date and location will be by **email**

Initial pass/fail results will be by **email**

Final results may be sent via **email**

**Please ensure that your email address is correct, current and your mail box is not full**

Final results may be mailed to you at your **postal address**

Your certificate will be mailed to you at your **postal address**

**Please ensure that your postal address is correct and current**

Please see the CSCT Examination Hand guide under the Student area at [www.csct.ca](http://www.csct.ca) for more information.



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PLEASE CHECK ONE OF THE FOLLOWING EXAMS AND ONE LANGUAGE:

Date: \_\_\_\_\_

- Certification Examination                      English Exam \_\_\_\_\_  
 Rewrite Theory                                      French Exam \_\_\_\_\_  
 Rewrite Interactive  
 Rewrite both Theory and Interactive  
 Membership Reinstatement Exam (4-6 Years Lapsed) – Part II ONLY  
 Membership Reinstatement Exam (6+ Years Lapsed) – Full Certification Exam

Educational Institute: \_\_\_\_\_ Campus \_\_\_\_\_

PLEASE PRINT CLEARLY:

Surname                                      First                                      Initial

Address (Apt. #, Street, P.O. Box#)

City/Town                                      Province                                      Postal Code

Work Number                                      Home Number                                      Cell Number

Email Address: \_\_\_\_\_ (Mandatory)

Birthdate yyyy/mm/dd \_\_\_\_\_ Gender M / F

Aboriginal status Y / N      Canadian Citizen Y / N      Immigrant Y / N

**ALL CANDIDATES WILL BE OFFICIALLY ACKNOWLEDGED:**

Please print the name you would like on your certificate:

First                                      Initial                                      Surname

Signature: \_\_\_\_\_ Date: \_\_\_\_\_