



College of Hearing Aid Practitioners of Alberta
Application for Practical Exam

Please Print Clearly, Incomplete applications will be returned.

TITLE Mr. Mrs. Ms Dr	SURNAME	USUAL FIRST NAME	Middle Initial(s)
MAIDEN NAME (if applicable)	Date of Birth	Email address	Phone ()
Address (Street/RR/ PO Box)			
CITY/TOWN	PROVINCE	POSTAL CODE	

Daytime Phone Number: _____

Having completed my prerequisite training as defined in the CHAPA Policy Manual, I request to take the CHAPA Practical Examination.

Employer: _____
 (This information is collected only to avoid conflict of interest with the exam proctors /staff.)

NOTE: Fees in the form of cheques or money orders should be made payable to the College of Hearing Aid Practitioners of Alberta. You will be contacted by the Examination Committee to establish a date and time for the examination.

A cancellation fee of \$300.00 shall apply to the examination fee if cancellation is made within 2 weeks of the examination date unless the cancellation is for medical reasons. Medical documentation will be required. The entire examination fee may be forfeited if cancellation notice has not been received at least seven working days prior to the examination date.

RESULTS of Examination will NOT BE RELEASED BY PHONE.

Date of Application: _____ **Signed:** _____

Please make cheque payable to: College of Hearing Aid Practitioners of Alberta		
<table border="1"> <tr> <td>Amount Enclosed</td> </tr> <tr> <td align="center">\$ 600.00</td> </tr> </table>	Amount Enclosed	\$ 600.00
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Please send CHAPA correspondence to: <input type="checkbox"/> Home address or <input type="checkbox"/> Office address		

Please send to: CHAPA “Practical Examination” #105, 17707 – 105 Ave NW Edmonton, AB T5S 1T1													
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