



**College of Hearing Aid Practitioners of Alberta**  
**APPLICATION FOR REGISTRATION**  
**REGISTERED/HEARING AID PRACTITIONER**

Supply of all information is required. Errors and omissions will delay registration. PLEASE PRINT

**APPLICANTS IDENTIFICATION**

<b>TITLE</b> Mr. Mrs. Ms Dr	<b>SURNAME</b>	<b>USUAL FIRST NAME</b>	<b>INITIALS</b>
<b>MAIDEN NAME (if applicable)</b>	<b>Date of Birth</b>	<b>Email address</b>	<b>RESIDENCE PHONE AND AREA CODE</b>
<b>Address (Street/RR/POBox)</b>			
<b>CITY/TOWN</b>	<b>PROVINCE</b>	<b>POSTAL CODE</b>	

**HISTORY**

In the past three years, I have worked as a Hearing Aid Practitioner for \_\_\_\_\_ hours.  
 I have obtained credit for \_\_\_\_\_ CEU hours. (Please provide proof of CEU hours earned)

**OFFICE CURRENTLY WORKING FROM**

<b>Office Name:</b>		
<b>Address</b>		
<b>CITY/TOWN</b>	<b>PROVINCE</b>	<b>POSTAL CODE</b>
<b>Business Phone Number (area code)</b>	<b>Business Fax Number (area Code)</b>	<b>email address (if applicable)</b>

**EDUCATION**

<b>Name of Institute Attended For Training</b>	<b>Date of Graduation (Month/Year)</b>
<b>Address (Street/RR/PO Box)</b>	
<b>(City/Town)</b>	<b>Province</b> <span style="float:right"><b>Postal Code</b></span>
<b>Other Educational Qualifications (Degrees, Diplomas etc)</b>	

**BOARD CERTIFICATION**

I am current with the National Board for Certification in Hearing Instrument Sciences.  Yes  No  
 Exam Date: \_\_\_\_\_ BC-HIS Number \_\_\_\_\_

**EMPLOYMENT** Including experience in your area of practice. List most recent employer first.  
 If additional space is required, attach a separate sheet.

Employer (Company Name) Address Postal Code	Contact Name & Phone Number	From (month/year)	To (month/year)
1			
2			

3			

**DISCIPLINARY ACTION**

Complete this section if you have ever been disciplined by any body responsible for the regulation of this or any other health profession.

Name and address of the organization \_\_\_\_\_  
 \_\_\_\_\_

Reason for Discipline \_\_\_\_\_  
 \_\_\_\_\_

Nature of Discipline \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES (Compulsory section)** Provide evidence of good character and reputation

**PLEASE ATTACH TWO (2) WRITTEN REFERENCES**

**STATEMENT**

Have you ever been convicted of a criminal offence? Yes  No

Please provide details if yes.

**CERTIFICATION**

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief and that I understand that intentionally false information could result in refusal of my membership. I also authorize the employers, schools or persons named in this application to provide information regarding my employment, education, character and qualifications.

\_\_\_\_\_ (date) \_\_\_\_\_ (signature)

Amount Enclosed <b>\$550.00</b>
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Please make cheque payable to:  
**College of Hearing Aid Practitioners of Alberta**

Please send CHAPA correspondence to:  
 Home address or  Office address

Please Return to:  
 Registrar CHAPA  
 Ste. # 114  
 2, 3012 17 Ave. S.E.  
 CALGARY, AB T2A 0P9

Date Received	Office Use Only Payment Enclosed	Entries Complete						
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