



Application for Membership

			Date of application
Mr. Mrs. Ms. Dr.	Last	First	Last 4 digits of SIN #
Phone (personal)	Phone (Work)	Date of Birth	Maiden name
Mailing Address			
City	Province	Country	Postal Code
Personal email address		CHAPA correspondence to be sent to: Home <input type="checkbox"/> Work <input type="checkbox"/>	

I am Applying for:

- Reistered Hearing Aid Practioner** **\$950.00**
- Hearing Aid Practitioner** **\$950.00**
- Student Intern** **\$250.00**
- Educational Student** **\$150.00**
- Inactive / Associate member** **\$250.00**

Clinic of Employment		Employer /Supervisor's Name	
Clinic Phone	Position	Employer email	
Clinic Address			
City	Province	Country	Postal Code

I have passed a CHAPA approved program of study YES NO If yes, must provide supporting documents.
Year _____ Institution _____

I have passed the NBC HIS exam Yes No If yes, must provide supporting documents.

In the past 3 years, I have worked _____ clinical hours.

In the last 12 months, I have completed _____ CEU hours. Must provide supporting documents.

In the last 12 months, I have participated in and completed Continuing Competency Requirements YES NO

Have you ever had any disciplinary action brought against you by a regulatory body in any health profession? YES NO

If yes, Please describe the nature of the discipline. _____

Have you ever been convicted of a criminal offence? YES NO

If yes, Please describe the nature of the charge: _____

Do you have any civil litigation proceedings pending against you? YES NO _____

- * Please attach 2 written character references (dated within 6 months of application date)
- * Please attach a letter of good standing from any regulatory body of which you have been a member.

I authorize my current and former educational institutions, employers, references and persons named in this application to provide information regarding my education, employment, qualifications and character.

Date

Signature

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false or misleading information, or omitting pertinent information will result in the refusal or cancellation of my membership.

Date

Signature

Checklist

- Completed application
- Diploma or transcripts from approved program (If applicable)
- Proof of NBC HIS Exam Completion (If applicable)
- Proof of CEU attendance (If applicable)
- Letter of good standing (If applicable)
- Criminal record check - less than 6 months old.
- 2 letters of reference - Less than 6 months old.
- Cheque made payable to "College of Hearing Aid Practitioners of Alberta"

Send to : CHAPA 105, 17707 105 Avenue Edmonton, Alberta Canada T5S 1T1

For Office use only

Date Received		
Entries Completed		
DB	RC	FF
Payment Enclosed		