



College of Hearing Aid Practitioners of Alberta
APPLICATION for Comprehensive
PRACTICAL Examination for Hearing Aid Practitioners of Alberta

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

APPLICANTS IDENTIFICATION

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

Daytime Work Number: **Fax:**

School Student ID #.....

Employer.....

HEREBY make application to take an examination in for the CHAPA Practical Examination

Enclosed is my examination fee of \$600.00

Date of Application:

Signed:

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, time and location for the examination.

**This application and all correspondence pertaining to it should be addressed to:
 Office of the Registrar: 2308 62 St. Camrose, AB T4V 5J8**

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:**

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

Please Return to: Registrar: CHAPA "Practical Examination" 2308 – 62 St. Camrose, AB T4V 5J8								
Date Received <input type="text"/>	Office Use Only Payment Enclosed <input type="text"/>	Entries Complete <table border="1"> <tr> <td>DB</td> <td>RC</td> <td>FF</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	DB	RC	FF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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