

# The Canadian Examining Board Of Healthcare Practitioners Inc.

## Application Form

Please Print or type all data requested and please provide 2 passport photos with application

Name	
Home Address	
Postal Code	E-Mail
Phone:	Fax:

Business Name:	
Business Address:	
Phone:	Fax:

### Formal Education

State Highest Level obtained and Year of Graduation			
Year	Level	Course	Institution

**Please enclose photocopy of relevant Certificates, Diplomas, etc.**

### Currently Enrolled at

Name of University, College, Institution, School
Address

An application must be accompanied by  
a  
\$350.00 fee and an annual \$100.00 annual fee (total: \$450.00)  
Please make cheque payable to:  
the Canadian Examining Board of Healthcare Practitioners Inc. (or CEBHCP)

Designation applied for (please circle): *full description at bottom of page*

<b>C.A.H.T.</b>	<b>R.I.H.R.</b>	<b>R.A.H.P.</b>	<b>R.S.H.P.</b>	<b>C.A.H.P.</b>	<b>C.N.H.P.</b>	<b>C.S.C.T.</b>	<b>R.E.H.P.</b>	<b>R.N.C.</b>
<b>C.H.H.P.</b>	<b>C.POD.</b> I	<b>C.POD.</b> C	<b>D.Ac.</b>	<b>C.R.H.P.</b>		<b>C.E.P.</b>	<b>R.N.H.P.</b>	<b>R.M.P.</b>
<b>C.P.T.</b>		<b>R.P.H.P.</b>	<b>C.P.H.P.</b>	<b>R.P.H.P.I</b>	<b>C.B.T.</b>	<b>C.T.B.T.</b>	<b>R.P.P.</b> (C)	<b>R.P.T.</b>

I have successfully completed the course of instruction indicated by the enclosed certificates/diplomas.

**I enclose payment for \$450.00**

Dated: \_\_\_\_\_

I understand that this professional designation is not a licence to practice and that it must be renewed annually to validate my position on the registry with the Canadian Examining Board of Health Care Practitioners Inc.

The above information is correct to the best of my knowledge,

**Please sign here**

**Please print here**

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**This name will appear on your certificate as written here**

**Certified Etheric Practitioner**  
**Registered Etheric Health Practitioner**  
**Registered Aromatherapy Health Practitioner**  
**Certified Aromatherapy Health Therapist**  
**Certified Reflexology Health Practitioner**  
**Certified Biofeedback Technician**  
**Diplomat/Doctor Acupuncture**  
**Certified Acupuncture Health Practitioner**  
**Registered Shiatsu Health Practitioner**  
**Registered Natural Health Practitioner**  
**Certified Polarity Health Practitioner**  
**Registered Polarity Health Practitioner (International)**

**Registered in Human Relations**  
**Registered Myomassology Practitioner**  
**Registered Nutritional Counselor**  
**Certified Skin Care Therapist**  
**Certified Natural Health Practitioner**  
**Certified Podologist (International)**  
**Certified Thai Bodywork Therapist**  
**Certified Polarity Therapist**  
**Registered Polarity Therapist**  
**Registered Polarity Practitioner (Canadian)**  
**Certified Podologist (Canadian)**  
**Certified Homeopathic Health Practitioner**

**#204 - 658 Danforth Ave. Toronto, Ontario M4J 5B9 (416) 466-9755**

[www.canadianexaminingboard.com](http://www.canadianexaminingboard.com)

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