



Application Intake

System Transition Paper Form

The purpose of this form is to collect the information required for staff to manually process your application. Please ensure all sections of the form are completed in full.

Personal Information

Full name:

Email:

Phone:

Preferred Language:

Profession:

Application type

Examination

Initial Registration

Non-practicing to practicing

Other (specify):



Required Documents

(Please submit the below documents along with this application form).

Identification Document

Education Documents

Professional Credentials

Consent to Criminal Records Check Form (CRC)

Professional Liability Insurance

Letter of Good Standing (i.e. COS)

Standard First Aid/CPR-C

Payment Form

Declarations

Other:

Applicant Signature _____ Date (YY-MM-DD) _____

Office use only

Name of staff reviewing application:

Date (YY-MM-DD) and time application was received:

Notes/Flags: (Disclosures, special circumstances, missing documents)

Payment Information

Amount: \$

Method: Credit Card Cheque Other