



COLLEGE OF
NATUROPATHIC
PHYSICIANS
OF BRITISH COLUMBIA

FORM
EXAMINATIONS APPLICATION

CANDIDATE NAME: _____
(First) (Middle) (Last)

HOME ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

TELEPHONE: (____) _____

EMAIL: _____

NATUROPATHIC COLLEGE: _____

EXAMINATIONS

Please check the box to indicate the examination(s) you are applying for.

- Jurisprudence (\$116)** **Oral/Practical (\$231)**

DATE(S): _____

PAYMENT OPTIONS

Please check the box to indicate the method of payment, and provide details or enclose payment, as applicable.

- Bank Draft/Money Order** **Cheque**
 Visa **Mastercard**

Credit Card Account # _____

Name on Card _____

Expiry: (mo) _____ / (yr) _____ *CSV/Security # (on back of card): _____*

Candidate's signature: _____

Date: _____ / _____ / _____
YYYY MM DD

Internal Use Only -- Processed
Date (YYYY/MM/DD): _____ *Staff Initials: _____*