

EXAMINATION(S) TO BE WRITTEN (offered in May and October every year)

NOTE: You **must** bring photo ID with you for admittance to the examination

Please check which exam you wish to write.

Knowledge Exam Oct 2009 May 2010

Professional Practice Assessment Oct 2009 May 2010

I will write in: Bathurst Edmundston Fredericton

Moncton Saint John

I will write in: English French

FEES (Pre-payment required)

Knowledge Exam \$250.00 + HST

Professional Practice Assessment \$500.00 + HST

METHOD OF PAYMENT Visa Mastercard American Express

Card # _____

Expiry Date _____ / _____
Month Year

Name on Card _____

Signature _____

OR Cheque/Money order enclosed

Total amount enclosed \$ _____

HRANB's HST Number is 854697778RT0001

DECLARATION

I hereby register for the National Knowledge Exam or the Professional Practice Assessment. I have read and agree to abide by the National Code of Ethics <http://www.cchra.ca/Web/ethics/content.aspx?f=29756> . I understand that:

- 1) The fee is non-refundable if I cancel my registration less than 60 days before the exam is held.
- 2) Deferrals less than 30 days prior to the exam date may incur a fee of \$100 + applicable tax.
- 3) However, deferrals 7 calendar days prior to the exam are considered to be no-shows and the full exam fee will be forfeited unless there is verified proof of extenuating circumstances such as death in the immediate family.
- 4) Contact your provincial association regarding deferral procedures.
- 5) Registrants who defer to a future sitting and then cancel their registration any time prior to this sitting will forfeit their initial exam fee plus any deferral fee paid

Signature

Date

**Please forward your completed application and exam fees to:
HRANB, PO Box 23128, Moncton, NB E1A 6S8 Fax: (506) 855-4424**

Registration deadlines at: <http://www.cchra.ca/Web/exam/content.aspx?f=29881>

The CCHRA and HRANB collect and use the information you have provided for exam administration and registration purposes only, including the verification of your qualifications and exam deferral circumstances as required. If you have any questions regarding our use of your personal information, please contact CCHRA at 1-866-560-1288, HRANB at 1-506-855-4466, or consult our privacy policies at www.cchra.ca and www.hranb.org.

OFFICE USE ONLY

Date received _____ Date confirmation sent to member _____

Comments _____