

Examination Application Education Summary

Name:	Telephone:
Email:	
Official and demin transprints and source cortificates must accompany the	application and must demonstrate augeocaful completion

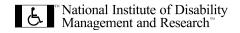
Official academic transcripts and course certificates **must** accompany the application and **must** demonstrate successful completion of the program. A transcript will be considered official only if it bears the seal of the institution and the signature of the registrar.

Program	College or University Attended	Dates of Attendance	Did you Graduate/Complete?	Achieved
Undergraduate Degree	Name: City: Prov:	From: dd/mm/yyyy// To: dd/mm/yyyy//	☐ Yes ☐ No Date of Graduation:	Degree: Major:
Graduate Degree	Name: City: Prov:	From: dd/mm/yyyy// To: dd/mm/yyyy//	☐ Yes ☐ No Date of Graduation: ————	Degree: Major:
Doctoral Degree	Name: City:	From: dd/mm/yyyy// To: dd/mm/yyyy//	☐ Yes ☐ No Date of Graduation:	Degree: Major:

Submit required documentation to:

Exam Applications, Education Summaries and Letter(s) of Attestation must be submitted to certification@nidmar.ca **Original unopened transcripts** must be submitted to:

Canadian Certification Council c/o NIDMAR 4755 Cherry Creek Road, Port Alberni, BC V9Y 0A7 **Or** can be emailed to certification@nidmar.ca directly from educational institution of issue



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Program	College or University Attended	Dates of Attendance	Did you Graduate/Complete?	Achieved			
Diploma/ Certificate	Name: City: Prov:	From: dd/mm/yyyy// To: dd/mm/yyyy//	☐ Yes ☐ No Date of Graduation:	Diploma / Certificate:			
Diploma/ Certificate	Name: City: Prov:	From: dd/mm/yyyy// To: dd/mm/yyyy//	☐ Yes ☐ No Date of Graduation:	Diploma / Certificate:			
Diploma/ Certificate	Name:	From: dd/mm/yyyy/// To:	☐ Yes ☐ No Date of Graduation:	Diploma / Certificate:			

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