

Examination Application Education Summary

Name: _____ Telephone: _____

Email: _____

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 ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Graduation: _____	Degree: _____ Major: _____ _____
Graduate Degree	Name: _____ _____ City: _____ Prov: _____	From: dd/mm/yyyy ____/____/____ To: dd/mm/yyyy ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Graduation: _____	Degree: _____ Major: _____ _____
Doctoral Degree	Name: _____ _____ City: _____ Prov: _____	From: dd/mm/yyyy ____/____/____ To: dd/mm/yyyy ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Graduation: _____	Diploma / Certificate: _____
Diploma/ Certificate	Name: _____ _____ City: _____ Prov: _____	From: dd/mm/yyyy ____/____/____ To: dd/mm/yyyy ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Graduation: _____	Diploma / Certificate: _____
Diploma/ Certificate	Name: _____ _____ City: _____ Prov: _____	From: dd/mm/yyyy ____/____/____ To: dd/mm/yyyy ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Graduation: _____	Diploma / Certificate: _____

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