



Canadian Board of Registration of Electroencephalograph
Technologists, Inc.

WRITTEN EXAMINATION APPLICATION

Name: _____

Address: _____

Phone:(W) _____ (H) _____

Email Address: _____

INSTITUTION WHERE CURRENTLY EMPLOYED:

Phone: _____

Chief Electroencephalographer: _____

Chief EEG Technologist: _____

I prefer to take the examination in (PLEASE CIRCLE YOUR CHOICE.)

St. John's, NF Halifax Montreal Charlottetown Moncton

Toronto Winnipeg Saskatoon Calgary Vancouver

ENGLISH or FRENCH

WRITTEN EXAMINATION FEE: \$345.00

APPLICATION DEADLINE: July 1st.

Please make cheque or money order payable to C.B.R.E.T. Inc. and send along with this application and proof of educational and training requirements to:

C.B.R.E.T., Inc., Registrar
Susan McGregor, R.E.T., ENP, RT(EMG), DipIT
Clinical Neurophysiology, Rm C1100
Foothills Medical Centre,
1403 29th St. NW
Calgary, AB. T2N 2T9

Tel: ((403)944-8310 Fax: (403)270-8993
Email: CBRERegistrar@shaw.ca