



Canadian Board of Registration of Electroencephalograph Technologists, Inc.

APPLICATION FOR REGISTRATION AS a CANDIDATE

Name: _____

Address: _____

Phone: () _____ **E-mail:** _____

INSTITUTE/COLLEGE WHERE TRAINING/EMPLOYED

Phone: () _____ **E-mail:** _____

Training Dates: From _____ **To** _____
Today's Date: _____ **Signed:** _____

CANDIDACY FEE \$57.50

Please send **CHEQUE** or **MONEY ORDER** payable to **C.B.R.E.T., Inc.** and return with application to:

C.B.R.E.T., Inc. , Registrar
Roy Sharma, RET, REPT
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