



**Canadian Board of Registration of Electroencephalograph
Technologists**

International Candidate Documentation Assessment and Application Form

Name: _____

Address: _____

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

Country of Origin and Institute/College where training/employed

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

Training Dates: **From** _____ **To** _____

Today's Date: _____ **Signed:** _____

CANDIDACY Fee \$57.50

Non-Refundable Documentation Assessment Fee \$150.00

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

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