



6th CANADIAN CLINICAL RESEARCH PROFESSIONAL CERTIFICATE COURSE
January - March 2018

COURSE REGISTRATION FORM

(Note: Please write in Block Letters and check all boxes as appropriate. Enter NA for Not Applicable)

Form containing personal information fields: Today's date, CANDIDATE INFORMATION, Candidate's name, Marital status, Birth date, Age, Sex, Street address, N.I.C. No., Email, Mobile #, Home phone #, P.O. box, City, State, Zip Code, Occupation, Employer, Employer phone #, Highest Education Completed, Educational Support, Net Monthly Income.

Table with 5 columns: Education, Percentile, Division / GPA, School / College / University. Rows include Matriculation, Intermediate, BS/B.Sc., MS/ M.Sc., MD/ MBBS, Ph.D/ D.Sc., Diploma/ Other.

IN CASE OF EMERGENCY section with fields for Name of local friend or relative, Relationship to candidate, Home phone #, Work phone #.

Declaration section: The above information is true to the best of my knowledge. I understand that I am financially responsible for all payments, including the installation payment option, if accorded. Includes fields for Candidate Signature and Date.

FOR OFFICE USE ONLY section with fields for Points, Scholarship, Sponsor, Batch No., Student No., Admission Date, Authorizing Office.