

Exam Application

APPLICANT INFORMATION – PLEASE PRINT CLEARLY.

Complete all *mandatory fields and sections which apply to you and ensure you sign the exam application before submitting.

BCBA Membership Number:		*Last Name:	
*First Name and Middle Name:		*Primary Email:	
*Home Address:			
*City:		Province:	Postal Code:
*Home Phone:	Cell Phone:		Home Fax:
Date of Birth: <i>mm/dd/yyyy</i>	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Exam (requested): <i>mm/dd/yyyy</i>	

EXAMINATION CATEGORIES AND FEES

ALL CERTIFICATES/CREDENTIALS MUST BE REVIEWED BEFORE EXAM CAN BE BOOKED

BARBERING

Fully Qualified Barbering Program

Member price: \$150 + GST = \$157.50
Non-member price: \$250 + GST = \$262.50

CONFIRMATION OF HOURS

PLEASE ATTACH DOCUMENTATION WITH NUMBER OF SCHOOL HOURS TO THIS APPLICATION

School or Salon Name:	
School or Salon Location (city):	Number of Hours Completed to Date (copy of school diploma/certificate required):
Program/Apprenticeship Start Date: <i>mm/dd/yyyy</i>	Program/Apprenticeship End Date: <i>mm/dd/yyyy</i>
School Director, School Owner or School Administrator's Name:	Instructor or Trainer's Name and Signature:

FOR OFFICE USE ONLY

Exam Application approval: _____

			CASH	M. ORDER	OTHER \$	CHEQ	DEB	VISA	M/C
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