



CSCT CERTIFICATION EXAMINATION

APPLICATION FORM

Please complete the following CSCT National Certification Examination application form and send it (along with required documentation and fees) to your Provincial Education Coordinator/Director on or before the exam application deadline date (Feb 1 and Jul 1)

For candidates writing for the final time (4th attempt) – please send required additional documentation to the CSCT exam chair (examchair@csct.ca) to be received no later than 30 days prior to the exam date

It is recommended that you save this application to your computer as a word document, complete all fields and print it. This will ensure that all information is legible

Language: The CSCT National Certification Examination is available in both English and Canadian

Communication before and after the exam:

Acknowledgement of receipt of application will be by **email**
Information regarding time date and location will be by **email**
Initial pass/fail results will be by **email**
Final results may be sent via **email**

Please ensure that your email address is correct, current and your mail box is not full

Final results may be mailed to you at your **postal address**
Your certificate will be mailed to you at your **postal address**
Please ensure that your postal address is correct and current

Please see the CSCT Examination Hand guide under the Student area at www.csct.ca for more information.



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APPLICATION FORM

PLEASE CHECK ONE OF THE FOLLOWING EXAMS AND ONE LANGUAGE:

Date: _____

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Certification Examination | English Exam <input type="checkbox"/> |
| <input type="checkbox"/> Rewrite Theory | French Exam <input type="checkbox"/> |
| <input type="checkbox"/> Rewrite Interactive | |
| <input type="checkbox"/> Rewrite both Theory and Interactive | |

Educational Institute: _____, Campus _____

Graduation Date _____

PLEASE PRINT CLEARLY:

Surname	First	Initial
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Address (Apt. #, Street, P.O. Box#)

City/Town	Province	Postal Code
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Work Number	Home Number	Cell Number
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Email Address: _____ (Mandatory)

ALL CANDIDATES WILL BE OFFICIALLY ACKNOWLEDGED:

Please print the name you would like on your certificate:

First	Initial	Surname
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Signature: _____ Date: _____

Updated Jun 2010

**CANADIAN SOCIETY OF CARDIOLOGY TECHNOLOGISTS
SOCIÉTÉ CANADIENNE DES TECHNOLOGUES EN CARDIOLOGUÏE**

Send application, proof of course completion and Exam Fees (payable to your province) to your Provincial Education Coordinator/Director.