



CANADIAN PHLEBOTOMY TECHNICIANS GROUP INC.

P.O BOX 36060 NORTHGATE, BRAMPTON, ON L6S 6A3, CANADA

E-Mail: info@mycptg.ca Phone: 1 (905) 216-3339 Phone: 1 (416) 817-9516

CPT EXAM APPLICATION FORM

1. CANDIDATE INFORMATION

TITLE:

FIRST NAME:

LAST NAME:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

COUNTRY:

E-MAIL:

PHONE:

GRADUATION DATE:

INSTITUTION:

MEMBERSHIP ID:

TEST LOCATION:

TEST DATE:

Have you previously applied for / written the CPTG certification test? Please Indicate:

2. PAYMENT METHOD

CERTIFIED CHEQUE:

BANK DRAFT:

BY CARD:

All cheques and bank drafts should be made payable to **CANADIAN PHLEBOTOMY TECHNICIANS GROUP INC.** and should be sent along with this application form. If paying by cheque, please note that we accept certified cheques only.

AMOUNT DUE

CAD 339.00

PLUS APPLICABLE TAXES

CARD TYPE:

CARD PROVIDER:

CARD NUMBER:

HOLDER'S NAME:

EXPIRY (MM/YY):

CVV:

I _____, authorize **CANADIAN PHLEBOTOMY TECHNICIANS GROUP INC.** to charge **CAD 339.00** + applicable taxes to the credit card indicated in this authorization form. I understand that the amount being charged is the fee for CPTG test. The fee includes sitting for the test and marking the test; it does not include the CPTG membership fee. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company.

By signing this form, I agree to all the terms and conditions of **CANADIAN PHLEBOTOMY TECHNICIANS GROUP INC.**

DATE

SIGNATURE

PRINT

CLEAR