



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

CPVS 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 CPVS certification test? Please Indicate:

2. PAYMENT METHOD

CERTIFIED CHEQUE:	☐	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 549.00 PLUS APPLICABLE TAXES
BANK DRAFT:	☐		
BY CARD:	☐		
CARD TYPE:			
CARD PROVIDER:			
CARD NUMBER:			
HOLDER'S NAME:			
EXPIRY (MM/YY):		CVV:	

I _____, authorize **CANADIAN PHLEBOTOMY TECHNICIANS GROUP INC.** to charge **CAD 549.00** 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