

COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA
Examination/Orientation Workshop
Request to be scheduled

I have received authorization to register for an examination or workshop. Please register me for (*select one*):

- .
• Orientation Workshop Date: _____
- .
• Oral Examination Date: _____
- .
• Written Jurisprudence Examination Date: _____
- .

By completing this form and submitting my fees as set out in the Schedule of Fees I acknowledge that I have read the "Registration Requirements" document and understand all College policies and procedures related to the workshop or examination indicated above. Further:

- .
• I understand that oral examinations are generally scheduled during office hours for the entire examination period. The College will attempt to accommodate schedule requests that are the result of extenuating circumstances and which accompany this form in writing.
- .
• If I provide the College with a written request to cancel my scheduled oral examination by the date noted on the schedule or website, the examination fee will be applied to a separate sitting.

Name: _____

Signature: _____

Date: _____

Please include your cheque for required fees with this request.