

REQUEST TO BE SCHEDULED

I acknowledge that I am a current applicant for registration with the College.

I have read the registration requirements and understand all College policies and procedures related to the orientation workshop, including that this workshop must be completed before I am eligible to sit for the Oral Examination or Readiness for Practice Examination, if I am required to complete those exams.

Full Legal Name: _____

Today's Date: _____

I would like to attend the Workshop on Date: _____

I am a registered psychologist applicant I am a school psychologist applicant.

By completing and submitting this form, I acknowledge that my request to be scheduled for this workshop is contingent upon the determination of my eligibility to attend. I understand that I will be informed by the College if any issues arise with respect to this request.