

# HID Practical Examination Registration Form

## Part A: Candidate Information

Legal Last Name:

Legal First Name:

Preferred Name:

CHCPBC Registration Number: Email:

Phone Number:

Address:

Attempt #:

## Part B: Eligibility Confirmation

*Check all boxes that apply*

☐ I have successfully completed the ILE Written Examination.

☐ I will take my ILE Written Examination on:

☐ I have completed a minimum of 660 supervised clinical practicum hours.

Note: send your completed [Summary of RHIP](#) form to [exams@chcpbc.org](mailto:exams@chcpbc.org).

☐ I have been granted an exemption from the 660 supervised clinical practicum hours.

☐ I will complete a minimum of 660 supervised clinical practicum hours by:

☐ I am willing to be added to the waitlist<sup>1</sup>.

## Part C: Conflict of Interest

This following information is collected to avoid conflict of interest with the examiners/staff.

The College may follow up with you once examiners have been assigned to confirm whether there are any potential conflicts.

Employer Name:

Employer Location (City)

Supervisor Name 1

Supervisor Name 2

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<sup>1</sup> Refer to the Candidate Information Guide for details regarding the waitlist.



### Part D. Accommodation Request

Do you require accommodation for the exam due to a documented physical or mental condition, disorder, or disability?

☐ Yes ☐ No

If yes, please submit the **Accommodation Request Form** to [exams@chcpbc.org](mailto:exams@chcpbc.org) no later than the accommodation deadline posted on the College [website](#).

### Part E: Candidate Declarations

By signing below, I declare that the information provided in this registration form is true, accurate, and complete. I acknowledge that submission of this form does not guarantee a specific examination date, and that scheduling shall be determined at the sole discretion of the College.

I further declare that I have read, understood, and agree to the terms and conditions outlined in the following documents attached to the Candidate Information Guide:

- Candidate Confidentiality Agreement
- Candidate Code of Conduct
- Candidate Consent to Recording of HID Practical Examination Session

Candidate Name (Print):

Date:

Candidate Signature: