



# EBNMP™ CANADA ASSOCIATION

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## APPLICATION FORM: RECOGNIZED EDUCATIONAL INSTITUTIONS

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

INSTITUTION NAME					
MAIN CAMPUS ADDRESS					
CITY		PROV.		PC	
PHONE			WEB		
CONTACT 1			EMAIL		
CONTACT 2			EMAIL		

### PROGRAM INFORMATION

PROGRAM NAME	MODALITY	TOTAL HOURS

Provide details on program content, exam procedures, internship and teacher qualifications. Please read, sign and date at the bottom and submit this form along with the required fees, program brochure and copies of Certificates / Diplomas that are granted to graduates.

<input checked="" type="checkbox"/> I certify that I am an authorized representative of the aforementioned Institution.
<input checked="" type="checkbox"/> I understand that the assessment fee is non-refundable.
<input checked="" type="checkbox"/> I understand that recognition from EBNMP™ Canada Association must be renewed annually.
<input checked="" type="checkbox"/> I understand that the Institution must adhere to the EBNMP™ Canada Association Conduct & Ethics Policy and failure to do so results in the immediate cancellation of my Institute's recognition.
<input checked="" type="checkbox"/> I understand that the recognition certificate must be surrendered when registration ceases or at the request of the Disciplinary Committee of EBNMP™ Canada Association.
<input checked="" type="checkbox"/> I certify that the above information is correct to the best of my knowledge.

DATE OF APPLICATION

SIGNATURE OF AUTHORIZED REPRESENTATIVE

### FOR OFFICE USE ONLY

RECOMMENDATIONS:				
DATE REC'D:		FEE AMT:		TYPE:
DATE OF PYMT:		NAME ON PYMT:		
BANK:				