



## Canadian Certified Pedorthist – C. Ped (C) Certification Exam Application Form

Please complete all fields below and email to the College of Pedorthics of Canada office at [info@cpedcs.ca](mailto:info@cpedcs.ca). Prior to filling out this application, please review the *College of Pedorthics of Canada Certification Exam Information Handbook*.

### Exam Selection and Information

I am applying for (may select up to two options):

- |   |  |
|---|--|
| <input type="checkbox"/> Written Exam 1 <sup>st</sup> Attempt | <input type="checkbox"/> Clinical Exam 1 <sup>st</sup> Attempt |
| <input type="checkbox"/> Written Exam 2 <sup>nd</sup> Attempt | <input type="checkbox"/> Clinical Exam 2 <sup>nd</sup> Attempt |
| <input type="checkbox"/> Written Exam 3 <sup>rd</sup> Attempt | <input type="checkbox"/> Clinical Exam 3 <sup>rd</sup> Attempt |

Desired exam date(s): \_\_\_\_\_

**\*NOTE:** Please review the CPC Exam Schedule online at [cpedcs.ca](http://cpedcs.ca)

For the Clinical exam, I choose to use the following casting technique:

- Plaster     Foambox     N/A (challenging written exam only)

Western University Student ID: \_\_\_\_\_

Pedorthic Association of Canada Candidate Membership Number: \_\_\_\_\_

**\*NOTE:** To be eligible for the CPC written and clinical exams, you must become a member of PAC 30 days before the given exam application deadline. Please find the PAC Candidate Member Application [HERE](#).

### Personal Information

Name: \_\_\_\_\_

*\*As you would like it to appear on your certificate*

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (\*include area code): \_\_\_\_\_

## Professional Information

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (\*include area code): \_\_\_\_\_

Email: \_\_\_\_\_

**\*NOTE:** All candidates must apply with a functioning email address as email is the primary form of communication between the CPC and its registrants. Incomplete applications will delay processing of your request. Submit both completed pages to: [info@cpedcs.ca](mailto:info@cpedcs.ca)

## Exam Fees and Payment

### Written Exam

- \$200.00 plus applicable provincial taxes

### Clinical Exam

- \$650.00 plus applicable provincial taxes

### Written & Clinical Exam

- \$850.00 plus applicable provincial taxes

## Payment method:

Visa  MasterCard

Card number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

I, \_\_\_\_\_, authorize The College of Pedorthics of

(fill in name on the credit card) Canada to charge my exam fee(s) as selected above, to my credit card. *\*If a credit card transaction is declined because the credit line has reached its "spending limit", a fee of \$10.00 will be charged for each declined credit card transaction.*

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Applicant Signature

Date

## Declaration of Consent and Permissions

I authorize The College of Pedorthics of Canada to make any investigations it deems necessary to verify my qualifications and examination eligibility. I understand that the information provided herein, as well as any other communications relating to certification will be treated confidentially, except when required by legal process. I allow the College of Pedorthics of Canada to use my application and examination information for other information purposes, provided that no personal identification is included.

I have read and understand the information provided in the College of Pedorthics of Canada Registration Exam Information Handbook. I declare that the foregoing statements are true and that my Proof of Eligibility is genuine. I understand that false application information or evidence of tampering with the certification procedures before, during, or after the examination may result in my disqualification from the certification process. I have also read the Confidentiality and Rules of Conduct for Examinees and agree to abide by them.

I understand that Certified Pedorthists in Canada are required to prove continued education, training and competence in all areas of pedorthic practice by maintaining certified education points as defined by The College of Pedorthics of Canada.

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Applicant Signature

Date



Suite 503 - 386 Broadway  
Winnipeg, Manitoba  
R3C 3R6



T: (866) 819-4354  
Fax: (877) 947-9767



[www.cpedcs.ca](http://www.cpedcs.ca)  
[info@cpedcs.ca](mailto:info@cpedcs.ca)