



## Application for CPC Candidate Membership

Please complete all fields below then submit completed application to The College of Pedorthics of Canada office at [info@cpedcs.ca](mailto:info@cpedcs.ca).

### Personal Information

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

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

Primary 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.

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

### Declaration of Consent and Permissions

I authorize The College of Pedorthics of Canada to make any investigations it deems necessary to verify my qualifications for Candidate Membership 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 information for other information purposes, provided that no personal identification is included. I consent to understanding the purpose of this membership category and that I am only eligible to remain a Candidate Member as long as I am eligible to apply and challenge a CPC exam.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

