ORTHO-BIONOMY®
Association of Canada

Application to Registered Advanced Practitioner Training Program

Name: _____ **Date:** _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Email: _____ **Phone:** _____

Advanced Practitioner Training Program Fee	$
Amount Enclosed	$

Please make cheques payable to OBAC **or** e-transfer payment to treasurer@ortho-bionomy.ca
Your application form can be mailed or scanned and e-mailed to the appropriate address as show below.

The Ortho-Bionomy Association of Canada has a 'no refund' policy. Once the financial transaction is completed, there will be no reimbursement of fees. A processing fee, plus applicable bank charges will be assessed if the bank denies your cheque.

Registered Advanced Practitioner Entrance Requirements

1. Completion of Registered Practitioner Program.

   Date: _____ Certificate Number: _____

2. Be a current Practitioner Member of the Association.

   Membership Number: _____

***Privacy Statement**: The Ortho-Bionomy Association of Canada (OBAC) is committed to the protection of the personal information that it holds. We use the information that you provide to facilitate member services and to provide, improve, and monitor the quality and integrity of Ortho-Bionomy education in Canada. OBAC never shares your personal information with other organizations. Please find a copy of the OBAC Privacy Policy online at www.ortho-bionomy.ca*