



Personal Information (required)		
First Name	Initial	Last Name
Birthdate (YYYY/MM/DD)		

Contact Information (required)			
Address		Home Phone	
City	Province	Postal Code	Cell Phone
Email			

Education Information (required)		
Name of Massage Therapy Educational Institution Attended		
Institution Mailing Address		
Name of Program Completed	Date Completed (YYYY/MM/DD)	Program Hours

Agreements (required)	
I understand that all future communications regarding the CEE program will be made to the email address that I have provided and it is my responsibility to regularly monitor this email account for incoming messages. If I have not received an email regarding the CEE program within 2 weeks of making this application, I understand it is my responsibility to contact the office to confirm my email address.	<input type="checkbox"/>
I understand that the NHPC will not begin the CEE assessment process until all required documentation has been received and my application may be delayed if information is incomplete or missing.	<input type="checkbox"/>
I understand that all administration of this program will be done electronically, including registration for the examinations. I understand that it is my responsibility to gain access to a computer in order to schedule and register for examinations.	<input type="checkbox"/>
I understand that the application fee for the CEE program includes access to online preparatory materials and a maximum of three opportunities to write the written and practical examinations.	<input type="checkbox"/>
I am a massage therapist, trained and recognized for massage therapy. I understand that the CEE program is only for therapists who have trained in massage therapy and practitioners of other modalities/practices will not be accepted.	<input type="checkbox"/>
I understand that the CEE program is not formally recognized by all insurance companies within Canada and is not recognized outside of Canada.	<input type="checkbox"/>

Submit all pages of this application

by mail: Natural Health Practitioners of Canada
230-9440 49 Street
Edmonton, AB T6B 2M9

Contact Us

Phone (Edmonton Area): 780-484-2010
Toll-Free Phone: 1-888-711-7701
Email: growingtogether@nhpcanada.org



I understand that the CEE does not make one eligible to meet the entry requirements for any regulatory college of massage therapy in Canada.	<input type="checkbox"/>
I understand that the CEE program does not certify or license massage therapists for practise. This program does not grant a designation nor does it qualify any applicant for practise upon completion.	<input type="checkbox"/>
I understand that in registering for the Competency Equivalency Examination (CEE) and by signing this form, I am hereby bound by the procedures as outlined in the CEE Applicant Policy Handbook. Through my registration I agree to all elements of this policy, including the payment of any additional fees incurred in the process of the CEE.	<input type="checkbox"/>
I declare that this application has been completed accurately and truthfully. If any submitted documents are fraudulent, forged, altered, or irregular, I understand that the application will be terminated immediately and any fees paid will not be refunded.	<input type="checkbox"/>
The NHPC is a national association committed to privacy best practices across the provinces and territories of Canada. The NHPC collects, uses, and discloses personal information and membership information in accordance with the NHPC Member Privacy Policy. A copy of this policy can be found on the NHPC website (www.nhpcanada.org/for-current-members/member-privacy-policy.html). By signing this application, I confirm that I have read the NHPC Member Privacy Policy and I consent to the collection, use, and disclosure of my personal information in accordance with the NHPC Member Privacy Policy.	<input type="checkbox"/>
I consent to confirmation of my successful completion of the CEE being released to insurers in accordance with the NHPC Privacy Policy for the purpose of equivalency recognition.	<input type="checkbox"/>
I, the undersigned, declare that to the best of my knowledge, the information provided and statements made in this application and in any attached documents are true. I agree to abide by the Bylaws of the NHPC, as amended or replaced from time to time, and have read and agree to comply with the NHPC Code of Ethics. I realize that I may lose my membership and membership privileges if complaints about my practice are found to be in violation of the Code of Ethics, or not in the best interest of the public.	<input type="checkbox"/>
<p>CEE Confidentiality Agreement and Copyright Notice</p> <p>Any disclosure of confidential information relating to the Continued Competency Exam (CEE) is a violation of this agreement and could compromise the integrity and security of this certification program. You are personally responsible for maintaining the confidentiality of all information relating to the exam and are expressly prohibited from disclosing, publishing, reproducing, copying, selling, posting, downloading, or transmitting any confidential information, in whole or in part, in any form or by any means – oral or written, electronic or mechanical – for any purpose.</p>	<input type="checkbox"/>
Signature	Date (MM/DD/YYYY)

Submit all pages of this application

by mail: Natural Health Practitioners of Canada
230-9440 49 Street
Edmonton, AB T6B 2M9

Contact Us

Phone (Edmonton Area): 780-484-2010
Toll-Free Phone: 1-888-711-7701
Email: growingtogether@nhpcanada.org



Payment for Competency Equivalency Exam (CEE)

CEE fee breakdown:

Application Fee	\$100.00 (processed upon application submission)
Examination Fee	\$450.00 (processed only if applicant is eligible to challenge the CEE)
GST or HST	<i>determined by province of residence</i>

Select the appropriate fees for your province of residence. Fees includes exam application fee, examination fee, and all applicable taxes.

AB, BC, MB, NT, NU, QC, SK, YT	NB, NL, NS, PE	ON
\$577.50 <input type="checkbox"/>	\$632.50 <input type="checkbox"/>	\$621.50 <input type="checkbox"/>

Payment Information (required)

Payment Amount

\$

Paying By

Make cheques payable to **Natural Health Practitioners of Canada Association**

Money Order

Cheque

Certified Cheque

Credit Card

***A 2% administration fee will be charged on the amount selected if you pay by credit card.**

If payment is by cheque, application processing time will include cheque clearance with banking institution.

VISA/MasterCard Number

Expiry Date (MM/YY)

Cardholder Name (Printed)

Cardholder Signature

Non-Sufficient Funds

If a credit card payment is denied for any reason, we will contact you to determine an alternate payment option.

If a payment by cheque is denied by the bank, a \$50 processing fee will be applied. Payment will only be accepted by money order or certified cheque thereafter.

Refund Policy

The NHPC has a no-refund policy. Once the financial transaction is completed, there will be no reimbursement of fees.

Submit all pages of this application

by mail: Natural Health Practitioners of Canada
230-9440 49 Street
Edmonton, AB T6B 2M9

Contact Us

Phone (Edmonton Area): 780-484-2010
Toll-Free Phone: 1-888-711-7701
Email: growingtogether@nhpcanada.org