



Competency Equivalency Exam Application

Contact Information

Personal Contact Information (required)

If your name has changed, submit official documentation of your current name with this application.

First Name: _____ Last Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ Province: _____ Postal: _____

Primary Phone: _____ Cell Land Line

Secondary Phone: _____ Cell Land Line

Email Address: _____ Birthdate (YYYY-MM-DD): _____

Education Information (required)

School Name: _____

School Address: _____

Program Name: _____

Date Completed (YYYY-MM-DD): _____ Program Hours: _____



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Eligibility and Agreements

Please read the below statements carefully and check all that apply to you:

- 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.
- 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.
- 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.
- 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.
- 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.
- I understand that the CEE program is not formally recognized by all insurance companies within Canada and is not recognized outside of Canada.
- I understand that the CEE does not make me eligible to meet the entry requirements for any regulatory college of massage therapy in Canada.
- 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.
- 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



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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.

- 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.
- 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.
- CEE Confidentiality Agreement and Copyright Notice**
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.
- 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/member-privacy-policy). 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.

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 accurate. 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 understand 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.

Signature: _____ Date: _____



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Fees and Payment

Fee Selection

Select the appropriate fee for your province of residence. **Amounts below include applicable taxes.**

	AB, BC, MB, NT, NU, QC, SK, YT	NB, NS, PE, NL	ON
Competency Equivalency Exam	472.50 <input type="checkbox"/>	517.50 <input type="checkbox"/>	508.50 <input type="checkbox"/>

Payment Information

Please DO NOT submit credit card information with this application. For your protection, we follow data collection best practices and do not collect credit card information on application forms. Online payments are processed through a secure payment gateway, and we do not store your credit card information. If you would like to pay by credit card, please select one of the credit card (VISA or MasterCard) payment methods below.

Select Payment Method

- Money Order or Certified Cheque
 - Personal Cheque (application will be complete **after** your cheque clears the bank)
- VISA or MasterCard (choose a preference below)
- email me an invoice that I can pay online (provide an email address on page 1)
 - phone me to take payment (provide a personal phone number on page 1)

Declined Payments

A \$50 processing fee will be charged for declined payments or cheques that do not clear the bank. Payment must be made by money order or certified cheque thereafter.

Refund Policy

The NHPC has a **no refund policy**. In accordance with NHPC Membership Terms and Conditions, insurance premiums under this program are considered fully earned at the time of payment, regardless of any subsequent requests to cancel your insurance policy.