



# The Michener Institute for Applied Health Sciences

## Office of Access & Options for International Health Professionals

### APPLICATION

Please Print CLEARLY

(Please circle *one*) Mr.          Mrs.          Ms.

Family (Last) Name \_\_\_\_\_

First (Given) Name \_\_\_\_\_

Address (Line 1) \_\_\_\_\_

(Line 2) \_\_\_\_\_

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

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

Telephone(s): Home                      Business                      Cell  
 (    )    (    )    (    )

I prefer to be contacted by telephone during office hours, Monday—Friday, at:

I have experience in the following area(s) and originally qualified in:

Discipline	Country	Year
Diagnostic Cytology		
Medical Laboratory Technology		
Magnetic Resonance Imaging (MRI)		
Radiological Technology (X-Ray)		
Respiratory Therapy		
Other (please specify)		

**Where did you hear about the A&O programmes?**

Website (Which one?) \_\_\_\_\_

Print Ads (Where & what?) \_\_\_\_\_

Word of mouth (Who?) \_\_\_\_\_

Other organization (Which one?) \_\_\_\_\_

**I intend to write certification examinations in:** \_\_\_\_\_ (Date)