# The Michener Institute for Applied Health Sciences
## *International Bridging Program*

## PAPER APPLICATION

**Please Print**

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

Family (Last) Name _____

First (Given) Name _____

Address (Line 1) _____

(Line 2) _____

City _____ Province _____ Postal Code _____

Telephone : Home ( ) - Business ( ) - Cell ( ) -

Email: _____

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 | Years of Experience |
|---|---|---|
| Medical Laboratory Technology | | |
| Radiological Technology (X-Ray) | | |
| Other (please specify) | | |
| | | |
| | | |
| | | |

**Where did you hear about the Michener bridging program?**

| |
|---|
| Website (Which one?) |
| Print Ads (Where & what?) |
| Word of mouth (Who?) |
| Other organization (Which one?) |

| | |
|---|---|
| **I intend to write certification examinations in:** | (Date) |