

**RETURN THIS FORM TO THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA
WITH YOUR APPLICATION FOR CLINICAL ASSISTANT REGISTRATION**

Clinical Assistant (Cl. A) Part I Application Form

Please fill in this application form and return it to the College along with your \$500.00 deposit.

Make cheque payable to the University of Manitoba.

Name: _____

Address: _____

Contact Address: _____
(if different from above)

Phone: Home _____ **Office** _____ **Fax** _____

Please indicate how you prefer to be contacted: _____

Date of birth: _____
(day) (month) (year)

Professional background: MD _____ Nursing _____ EMT III _____

Other (please specify) _____

School: _____

Year of Graduation: _____

Date you wish to sit the Part I: _____