



# Ontario College of Reflexology

## N101 Examination Application Form

E6A-0502

| <u>Written Examination:</u>                                                                            | <u>Practical Examination:</u>                                                                                                                                                                                                 | <u>Video-Taped Review:</u>                                                                                                                                |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Proctored Examination</b><br>Fill in the proctor's name and address below. | <input type="checkbox"/> <b>Videotaped Practical Examination</b><br>I have completed and enclosed the required number of Health & Session records for my program:<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> <b>Videotaped Mid-term Practical Assessment</b><br>Mandatory to submit after 15 to 25 Reflexology Session records are completed. |

|                        |  |
|------------------------|--|
| <b>Student's Name:</b> |  |
| Address:               |  |
| City:                  |  |
| Prov./State:           |  |
| P.C./Zip               |  |
| Country                |  |
| Res. Tel.#:            |  |
| Bus. Tel #:            |  |
| Email:                 |  |
| Student #:             |  |

|                                                                                       |  |
|---------------------------------------------------------------------------------------|--|
| <b>Proctor's Name:</b>                                                                |  |
| Address:                                                                              |  |
| City:                                                                                 |  |
| Prov./State:                                                                          |  |
| P.C./Zip                                                                              |  |
| Country                                                                               |  |
| Res. Tel.#:                                                                           |  |
| Bus. Tel #:                                                                           |  |
| Email:                                                                                |  |
| <b>For Proctored Written Exam ONLY - Attach proctor's business card if available.</b> |  |