Form 23: Credential Assessment Fee Payment Form

Applicant Name (please print)				
Mailing Address				
_				
Telephone No				
Email Address				_
Enclosed is payr	nent of my credential a	ssessment fee ir	n Canadian funds:	
I am enclosing a certified cheque in the amount of \$			(in Canadian funds)	
I fully understan	d and accept that payr	nent of this fee i	s non-refundable.	
Applicant		_		
Signature		D	Pate	_