



INITIAL REGISTRATION APPLICATION

THIS FORM MUST BE COMPLETED AND SIGNED BEFORE INITIAL LICENSE WILL BE ISSUED.

SURNAME COMMON NAMES

MAILING ADDRESS CITY, TOWN, VILLAGE

PROVINCE COUNTY POSTAL CODE

MAIDEN NAME PHONE NO.

FEES

Please choose **one** of the following:

Registration & Licensing **\$200.00**
to practice in N. S.

OR

If moving to another **\$25.00**
province, you must establish
Initial Registration in N. S.

An Administration fee of \$20.00 for
NSF Cheques

EDUCATION

NAME OF EDUCATION FACILITY:

YEAR GRADUATED: _____

You must include current (within the past four weeks) Criminal Records Verification if one has not been previously submitted to our office.

I certify the information provided on this form is true and complete.

SIGNATURE:

DATE:

OFFICE USE ONLY - REMITTANCE

SUM ENCLOSED - MONEY ORDER CASH CHEQUE TOTAL _____