APRT(T) CERTIFICATION PROCESS

PAYMENT FORM

APPLICANT INFORMATION

CAMRT #: _____

Surname | First Name | Middle Initial

Apt/Unit | Number & Street | City

Province | Postal code

Phone (H)/Cell | Phone (W)

Email

PAYMENT INFORMATION – Fee must accompany the registration form

☐ Visa ☐ MasterCard ☐ CVV number

Cardholder Name | Credit Card Number | Expiry Date (Month/Year)

☐ Cheque/Money Order (Payable to CAMRT)

☐ Amount Paid

FEES & INFORMATION

☐ $500 APRT(T) Portfolio submission fee / Registration
☐ $500 APRT(T) Patient Case submission fee (initial)
☐ $500 APRT(T) Oral Exam fee (initial or re-sit)
☐ $250 APRT(T) Portfolio/Patient Case resubmission fee
☐ $250 APRT(T) Formal Appeal