



**CANDIDATE'S SUBMISSION OF THE CTA WRITTEN EXAMINATION
Form 12.7.2**

Please print clearly

Candidate's name: _____

Candidate's address: _____

Telephone: Home _____ Work _____

Email: _____

Please enter details of where you intend taking the CTA oral exam:

Place _____ On date: _____

Field of application (*tick*):

Counselling ____ Education ____ Organizations ____ Psychotherapy ____

Mailing instructions:

Send this form to the IBOC Office together with

- the **Supervisor's Endorsement of the Written Examination** (Form 12.7.1), and
- evidence of payment of the appropriate **marker's fee** and the **filing fee**.

I have e-mailed the **CTA written examination** in electronic form to the IBOC Office (tick).