



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

Candidate's name: _____

Candidate's address: _____

Telephone: Home _____ Work _____

Email: _____

Please enter details of where you intend taking the CTA oral exam: (Note, the earliest date for taking the CTA oral examination must be at least six months after submitting the CTA Written Examination.)

Place _____ On date: _____

Field of application (*tick*):

Counselling ____ Education ____ Organizations ____ Psychotherapy ____

Candidate's declaration of no plagiarism:

I declare that the CTA Written Examination submitted with this form

- has been developed and written completely by myself,
- all materials used from other sources, including thoughts and ideas from other people, have been fully referenced, and
- all literal quotations have been clearly marked.

Signature: _____

Mailing instructions:

E-mail this form to the IBOC Office together with

- the electronic Word or PDF file containing your CTA Written Examination,
- the **Principal 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**.