



**APPLICATION FOR CTA ORAL EXAMINATION
Form 12.7.4**

This form must reach the IBOC Office **no less than three months prior to date of oral examination.** Keep a copy for your personal file.

Full name of candidate (*print*): _____

Field of application (*tick*):

Counselling Education Organizations Psychotherapy

Place of examination: _____ Date: _____

Language (*tick*): English

Other (state) _____

Note: it is the candidate's responsibility to arrange for a translator.

Items enclosed:

- Supervisor's endorsement form (12.7.3)
- Evidence of passing the CTA written examination
- Examination fee

Note: If you are unable to supply any of the above items with this application, you must do it promptly. Failure to do so risks that you may not be able to sit the examination at the site and date requested.

I agree to abide by the ITAA statement of ethics.

Signature: _____

Date: _____

Please print here your name and title as you wish it to appear on your certificate:
