



CANADIAN COLLEGE OF HUMANITARIAN MEDICINE

REGISTRATION FORM

Name: _____

Address: Street _____ City _____

Province/State _____ Country _____ Zip/Postal Code _____

Telephone (Work): _____ (Home): _____

Email: _____

A complete application must include the following:

SEMINAR/ COURSE: Humanitarian Medicine Outreach Program

This application procedure is not applicable for Professional Development Seminars or interest courses.

EDUCATION

Please submit only certified photo copies of post secondary and health related educational documents, non-certified copies will be returned. Transcripts must be sent directly from educational institution.

NAME OF INSTITUTION: COLLEGE OR UNIVERSITY

1. _____

Type of Study, Health Related Courses

Degree/Diploma

2. _____

Applicant Signature: _____ Date _____