



The Canadian Board of Examiners for Biomedical Engineering and
Dialysis Technologists and Technicians



Le Jury Canadien D'Accréditation en Génie Biomédical
et Dialyse Pour Les Technologues et Les Techniciens

REQUEST FOR REIMBURSEMENT		
APPLICANT INFORMATION		
Name:		
Address:		
City:	Province:	Postal Code:
Phone: (Daytime)		
Certification Number:		Date of Certification:
I hereby request reimbursement of \$100 towards successful completion of cdt certification. I understand that this is a one-time reimbursement.		
Signature of applicant:		Date: