



CANADIAN BIOLOGICS SCHOOL  
OF MEDICAL SCIENCES

**MAIL TO:**  
CANADIAN BIOLOGICS INC. SCHOOL OF MEDICAL SCI-  
ENCES ADMISSIONS OFFICER  
ATTENTION: DR. P CONYETTE  
SUITE 101 – 374 RIVER AVE  
WINNIPEG MB R3L 034

TOLL-FREE: 1-888-840-2057

## APPLICATION FORM – PAGE 1

### CONTACT INFORMATION

NAME

DATE OF BIRTH (MM/DD/YYYY)

MAILING ADDRESS – STREET – BOX

CITY

PROV. / STATE

PC/ZIP

EMAIL ADDRESS

PHONE #

PHONE # (ALTERNATIVE)

### SCHOOL(S) ATTENDED \*please include graduation date and credential obtained, Health Care workers, attach curriculum vitae.

SCHOOL

CREDENTIAL

GRADUATION DATE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate a check mark if the following documents have/will be mailed pertaining to your previous educational experience. This is necessary in order to be considered for credit transfer.

Transcripts: YES

NO

Book lists: YES

NO

Course details: YES

NO

### REFERENCES \*Please include at least three professional references

REFERENCE NAME

OCCUPATION

CONTACT INFO

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*This school reserves the right to cancel your registration and refund your fees if the cont:

FORM CONTINUED ON NEXT PAGE >>



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## APPLICATION FORM – PAGE 2

### PROGRAM OPTIONS (Choose One)

- Books and Supplies for
- Certified Clinical Nutritional Consultant Program
  - Certified Medical Unit Clerk
  - Health Care Nurse Assistant
  - Clinical Medical Laboratory Assistant/Technician
  - Doctor of Osteopathic Medicine and Sciences

### TERMS \*please check box and sign bottom

CBISMS provides the student with course content, course objectives, some textbooks, reference material for inspiration and study materials. There are not other hidden fees for labs, service changes etc. All fees are clearly indicated in our fee outlines. CBISMS does not guarantee placement of its graduates for employment. The school does not guarantee that your services will be recognized by any health insurance provider. The school does not offer, advertise, or imply a placement service for employment purposes. The programs are designed to give the student an opportunity to improve their knowledge of health, disease and health maintenance and not for vocational purposes. If a student decides to voluntarily withdraw from the program, a minimum of 20% of their fees will be non-refundable. The deadline for withdrawal from all programs is one week after the date on the registration form. This request must be made in writing, attention: student advisor. It is the responsibility of each graduate to check with their own medical/health authorities for recognition of the credentials obtained from this school. After this date, there are no refunds. Please initial in the box below, you are indicating you have read and understand these terms of agreement.

I HAVE READ AND UNDERSTAND THESE TERMS OF AGREEMENT

SIGNATURE X \_\_\_\_\_

DATE \_\_\_\_\_

