



**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: _____

Field of application (*tick*):

Counselling _____ Education _____ Organizations _____ Psychotherapy _____

Place of examination: _____ Date: _____

Language (*tick*): ___ English
 ___ Other (state) _____

I will bring a translator: Yes ___ No ___

(If Yes, Name and email address of Translator): _____

Note: You cannot share an examiner who is also translating for another CTA or TSTA candidate

Items enclosed:

- ✦ Principal Supervisor's endorsement form (12.7.3) _____
- ✦ Evidence of passing the CTA written examination _____ no longer than 3 years ago

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 refuse the following people on my oral examination board: (*see section 9.3.2 of the IBOC Handbook*)

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:

An invoice for payment will be sent on receipt of this form