

## OATA MEMBERSHIP APPLICATION CANDIDATE

PROFILE				
FIRST NAME:		LAST NAME:		
EMAIL:				
PHONE:				MOBILE:
MAILING ADDRESS:				APT/SUITE/UNIT:
CITY:		PROVINCE:		POSTAL CODE:
DEMOGRAPHICS	5			
DATE OF BIRTH:			PLACE:	
GENDER:	FEMALE	MALE	OTHER	
PROFESSIONAL PROFILE   EDUCATION				
INSTITUTION:				
	2 <sup>nd</sup> year	3 <sup>rd</sup> y	ear	4 <sup>th</sup> year
PROFESSIONAL PROFILE   EMPLOYMENT AND/OR CLINICAL PLACEMENT*				
CURRENTLY WORKING:		YES	NO	
PLACE OF WORK:				
PROFESSIONAL PROFILE   OTHER				
INDICATE ANY OTHER PROFESSIONAL DESIGNATION(S):				
SAFE SPORT NUMBER:			FIRST RESPONDER CERTIFICATE: Include your certificate as an attachment when sending this form.	
I acknowledge I have read and accept the terms laid out under the <u>Terms and Conditions</u> page.  I agree to abide by the OATA Code of Professional Conduct & Ethics.				
SIGNATURE:				DATE:

\*OATA Candidate Malpractice Insurance Available