



CANADIAN COLLEGE OF HEALTH LEADERS COLLÈGE CANADIEN DES LEADERS EN SANTÉ

*Learning, Leading, Inspiring Apprendre, mener, inspirer*



HealthCare **leaders**

## 2011 Student Membership Application

***Please print or type***

Name to appear on College membership certificate

Ms.  Mrs.  Mr.  Dr.

Date of birth \_\_\_\_\_  
(month/day/year)

\_\_\_\_\_  
Last name First name Middle initial

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City Province Postal code

\_\_\_\_\_  
Telephone Fax

\_\_\_\_\_  
E-mail

Language Spoken/Written:  French  English  Bilingual

Language of preference for College correspondence:  French  English

### **Year and Current University Program**

\_\_\_\_\_  
Name of Program University

\_\_\_\_\_  
Date entered (mth/yr) Year of completion (mth/yr) Degree conferred

### **Position Held – if applicable**

\_\_\_\_\_  
Position Title Organization

\_\_\_\_\_  
Location Length of service (month/year to month/year)

***Student membership is for students who are enrolled in a program at the baccalaureate or higher level at an accredited degree-granting institution.***

Applications received by June 30 of any year will be valid for the remainder of that calendar year. Applications received after June 30 of any year will be valid until December 31 of the following year.

Students may remain members for a maximum of five (5) years as long as they are still enrolled in a program at an accredited degree-granting institution. Student membership may be retained for the remainder of the membership year following the attainment of degree requirements.

#### **Supporting documents required:**

- *Proof of enrollment in a program at an accredited degree-granting institution (University)*
- *Copies of diplomas and degrees previously acquired or transcripts*
- *Copy of your Curriculum Vitae*

# 2011 Student Membership Application

## How did you learn about the College?

- Internet
  - Mailing
  - College Member: \_\_\_\_\_
  - College Chapter
  - College Conference
  - Professor
  - Provincial Conventions : \_\_\_\_\_
  - EXTRA Program
  - University: \_\_\_\_\_
  - Colleague
  - Other: \_\_\_\_\_
- 

## CCHL Privacy Policy

The College will only use your membership information as outlined in our Privacy Policy. To view the Policy please visit [www.cchl-ccls.ca](http://www.cchl-ccls.ca).

## Membership information

Payment must be made prior to the processing of your application. If your application is not accepted, a full refund will be issued.

**Membership in the College is non-transferable and non-refundable.**

By completing this application, I certify that the accompanying documents are correct.

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## CCHL Code of Ethics ([www.cchl-ccls.ca](http://www.cchl-ccls.ca))

I hereby certify that I am aware of the College's Standards of Ethical Conduct; that I am compliant with the Standards; and that I will abide by the By-Laws and Policies of the College pertaining to the administration of these Standards as adopted from time to time by the College.

*I would like to receive information on the CCHL CHE program.*    Yes        No   

## Method of Payment

Payment Enclosed: \$50.00

Cheque     MasterCard     Visa # \_\_\_\_\_

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Expiry Date

## Please return application form to:

Canadian College of Health Leaders  
292 Somerset Street West  
Ottawa, Ontario  
K2P 0J6

Telephone: (613) 235-7218  
Toll free: 1-800-363-9056  
Fax: (613) 235-5451  
Email: [info@cchl-ccls.ca](mailto:info@cchl-ccls.ca)