

STUDENT EXAMINATION PERMIT

Student's Name:				
Student ID No:				
Date of Intake	From:		Го:	
Category	АНСР	MOA		EAP
(check box(s)	(Alberta HealthCare Aide Program)	e (Medical Office Assistant)		(English for Academic Purposes)
	FT-WD	FT-WE	FT-PM	AC (PLAR)
Mode of Payment (check box(s)	Student Loan	Install	ment	Others

The student must have settled with the Fiance Assistant all his/her financial obligations. Non-payment of outstanding balance will disallow the student to take examinations.

NOTE:

Prior to Practicum:

•

•

Our Locations

+ Calgary Campus

403 264 2009 | 403 99 Fax: 587 352 2049

1324 36 Avenue NE Calgary, Alberta | T2E 8

+ Red Deer Camp

403 264 2049 | 403 98 Fax: 403 986 4815

4811 48 Street Red Deer, Alberta | T4N

+ Edmonton Cam

780 863 8236 Fax: 780 434 8328

6920 Roper Road NW

 The student must have submitted to the registrar copies of all the required documents such as the C Police Information Check (PIC), Red Cross Emergency First Aid / Cardiopulmonary Resuscitation / I Life Support for Healthcare Provider-Level C, Updated Immunization Record. 						
Date of E	n Course Number	Finance Clearance	Instruct			
	1					
	2					
	3					
	4					
	5 (Clinical Placement 1)					

Prior to the Final Exam for Theory and Lab Practical Skills:

6920 Roper Road NW Edmonton, Alberta T6E 0A8		6	3	
			,	
	mtghealthcare.com	{ (Clinical P	3 acement 2)	
× F	info@mtghealthcare.com MTG Healthcare Academy	Consolidated C) inical Placement	
1.1	@mtghealthcareacademy	Final The	ory Exam	
		Final Practical	Lab Skills Exam	