

Internationally Educated Health Care Professional (IEHCP) Applicants

## Language Proficiency Test Exemption Form - Speakers of English as a First Language

Please complete and submit this form if your first language is English (English is the language you learned at home as a child AND the language you were educated in AND the language primarily used in your work).

To help us to evaluate your application and determine if any additional evidence<sup>\*</sup> is required to demonstrate an acceptable level of English, please outline your **educational history** (starting from primary school to the present).

Dates Attended (Starting – Ending)	Educational Institution Name	Grades Completed / Credential Received	City, Country	Primary Language of Instruction

Please outline your recent work experience (within the last 5-10 years):

Dates Employed (Starting – Ending)	Agency Name	Job Title	City, Country	Primary language (i.e. used in practice setting with clients)

**This completed document is to be uploaded with your online application for registration.** \*Please note that the Registry reserves the right to request additional documentation and/or evidence of English language proficiency.