



## Registrant Agreement: \*registration form follows

The Personal Support Worker (“PSW”) Registry of Ontario (“Registry”) Registrant Agreement (“Agreement”) sets out your responsibilities as a participant in the Registry. Please read the information below carefully. You must submit this signed/digitally signed form with your application materials acknowledging you understand and agree to the terms and conditions below. **IF YOU DO NOT AGREE TO THE TERMS AND CONDITIONS BELOW, YOU MAY NOT PARTICIPATE IN THE REGISTRY.** If you have any questions about this Agreement, please contact the Registry by email at [inquiries@psw-on.ca](mailto:inquiries@psw-on.ca) or by telephone at 416-596-3100 or 1-855-644-7796.

### Introduction:

The Registry provides all of its operational features, which includes ([www.psw-on.ca](http://www.psw-on.ca)), all site-related services, and authorized mobile device applications (collectively, the “Site”). This Agreement governs applicants’ or registrants’ (“you” or “your”) use of the Site. You must carefully read and understand the terms and conditions of this Agreement. By signing this Agreement and submitting your application, you agree to be bound by this Agreement and all policies located on the Site, as amended from time to time (“Policies”). If you do not agree, you must withdraw your application or terminate your registration. Please also read the following Policies: [Registrant Terms of Use](#), [Code of Ethics](#), [Complaints Policy and Process](#), [Roles and Responsibilities of Personal Support Workers](#), [Registration and Renewal Policy](#), [Education Requirements and Alternative Assessment Policy](#), and [Privacy Policy](#).

### Registration:

When and if you register, you must:

- (a) provide accurate and complete information about yourself, to the best of your knowledge, as prompted by the Registry’s Registration Application Form (including your email address) and supporting documentation as required by the Registry’s [Registration and Renewal Policy](#);
- (b) within **thirty (30) calendar days** of any change to the information provided in (a), notify the Personal Support Worker Registry of Ontario of the change in information (including your email address) to keep it accurate and complete;
- (c) acknowledge that acceptance into the Registry is at the sole discretion of the Registry based upon the strict admission guidelines stated in the [Registration and Renewal Policy](#);
- (d) agree to have your personal information collected, used and disclosed consistent with the Registry’s [Privacy Policy](#) and [Complaints Policy and Process](#);
- (e) abide by the Registry’s [Registrant Terms of Use](#), [Code of Ethics](#), [Roles and Responsibilities of Personal Support Workers](#), [Complaints Policy and Process](#) and other Policies;
- (f) agree to the Registry receiving, reviewing and retaining complaints in accordance with its [Complaints Policy and Process](#);
- (g) agree to the Registry’s right to disclose certain complaints or findings when the Registry, in its sole discretion, determines that such disclosure is reasonably necessary for the Registry to discharge its function or for the protection of the public; and
- (h) agree to the fact that your registration status may be changed, with applicable notice, at the sole discretion of the Registry (which may include termination of registration).



If the Registry has reasonable grounds to suspect that any information provided by you (or on your behalf under your direction or knowledge) is untrue, inaccurate, not current, incomplete and/or contains a misrepresentation, **it may alter your standing with the Registry**. This may include terminating your registration, suspending access to your account, your use of the login, and/or disclosing any changes in your registration, including to your employer, professional college, or to the police, as required or permitted by law and consistent with the terms of the Registry's [Privacy Policy](#) and any other relevant Policies.

Acceptance onto the Registry will not guarantee renewal or admittance onto any future registries. You may be required to re-submit any and all information to future registries. Acceptance onto the Registry is not a guarantee of future or additional employment.

### Change in Registration Status:

The Registry may, at its sole discretion and in accordance with its Policies:

- deny applicants who have not completed the registration application form or submitted the applicable supporting documentation;
- remove individuals from the Registry for breach of this Agreement or any of the Registry's Policies;
- change a Registrant's status in accordance with this Registrant Agreement, the [Registration and Renewal Policy](#), the [Complaints Policy and Process](#) or any other Registry policy;
- notify employers, professional colleges or registries, and/or police as required by law; and/or
- take any other action with written notice.

### Termination of Registration:

You may, in writing, request to be removed from the Registry or withdraw your consent for your information to be shared by the Registry on any employer-facing components or any future iterations of the Registry where there may be a public-facing component. Upon receipt of this request, the Registry will terminate your registration.

I have read, understood and agree to the terms and conditions of this AGREEMENT.

### Applicant:

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Year

Month

Day



## Personal Support Worker Registry of Ontario (“Registry”) Registration Application Form

**\*Mandatory Field**

Section 1A – Personal Information			
<b>*Legal First Name</b>	_____	<b>Middle Name</b>	_____
<b>*Legal Last Name</b>	_____	<b>Preferred Name</b>	_____
<b>Title</b>	Miss   Ms.   Mrs.   Mr. other _____	<b>*Gender Identity</b>	Female   Male prefer not to identify
<b>*Date of Birth</b>	_____	<b>Year</b>	<b>Month</b> <b>Day</b>
<b>*Citizenship</b>	I certify that I am a Canadian citizen, permanent resident, landed immigrant, or have a valid employment authorization from Immigration Canada to engage in practice as a PSW.		
<b>*Languages</b>			
<b>*Spoken</b>	English	French	Other(s) – please specify: _____
<b>*Written</b>	English	French	Other(s) – please specify: _____
Section 1B – Contact Information			
<b>*Permanent Address:</b>			
<b>*Street Number:</b>	_____	<b>*Street Name:</b>	_____ <b>Unit/Apt #</b> _____
<b>*City:</b>	_____	<b>*Province:</b>	_____ <b>*Postal Code:</b> _____
<b>Mailing Address or</b>	<b>same as above</b>		
<b>*Street Number:</b>	_____	<b>*Street Name:</b>	_____ <b>Unit/Apt #</b> _____
<b>*City:</b>	_____	<b>*Province:</b>	_____ <b>*Postal Code:</b> _____
<b>*Contact Email:</b>	_____	<b>*Contact Phone Number:</b>	(_____) _____



Section 2A – Education	
*Have you graduated from an Ontario Personal Support Worker Program      Yes      No	
<b>If no:</b>	You do not qualify for the PSW Registry at this time. The Registry will gradually invite the remaining PSW population to enrol through an expanded eligibility process.
<b>If yes:</b>	What is the Name of the Educational Institution/School? _____ What is the name of your program as it appears on your certificate?  Personal Support Worker                      Préposé aux services de soutien personnel  Please indicate the date of your graduation:  _____                      _____ <b>Year                      Month</b>
*Did you successfully complete the National Association of Career Colleges (NACC) Final Theory Examination and receive a NACC certificate?      Yes      No	
<b>If no:</b>	Please proceed to the next question.
<b>If yes:</b>	Please provide us with the date of your certificate: _____ <b>Year                      Month                      Day</b> You will also need to submit a copy of your NACC certificate to the Registry.
Section 2B – Additional Certification	
Do you have an additional certification to add?	
<b>If yes:</b>	What is the Name of the Educational Institution/School? _____ What is the name of your program as it appears on your certificate? _____ Please indicate the date of your graduation:  _____                      _____                      _____ <b>Year                      Month                      Day</b>
Section 3A – Professional Registration	
*Have you ever applied to any Personal Support Worker Registry in Ontario (including this Registry) and been denied entry or had your membership revoked?      Yes      No	
<b>If yes:</b>	*What was the reason for your denial to the Registry <b>or</b> your membership being revoked? _____
*Do you currently hold or have you ever held membership with an unregulated or regulatory body inside or outside of Ontario?      Yes      No	



**If yes:** \*What is the name of the unregulated or regulatory body that you hold a membership with?  
\_\_\_\_\_

Please provide additional details:

\*Province/State: \_\_\_\_\_ \*Country: \_\_\_\_\_

\*Date of Membership : \_\_\_\_\_ to \_\_\_\_\_  
Year Month Day Year Month Day

\*Was your current or previous membership(s)/registration(s) denied or suspended, revoked or subject to any terms, limits, or conditions? Yes No  
If yes, please describe.  
\_\_\_\_\_

\*Are there any current proceedings or past outcomes related to the submission of a formal or informal complaint about you as a member of this body? Yes No  
If yes, please provide details and outcomes of such proceedings.  
\_\_\_\_\_

### Section 4A – Employment History

\*Are you currently employed as a Personal Support Worker or have you ever been employed as a Personal Support Worker? Yes No

**If yes:**

#### **Primary Employer**

Are you Self-Employed? Yes No

**NOTE: If you are self-employed, please list Employer Name as “Self-Employed” and complete remaining fields.**

\*Employer Name: \_\_\_\_\_

\*Position Title: \_\_\_\_\_

\*Area of Practice: Home Care Hospital Long-term Care  
Group Home School Private Other: \_\_\_\_\_

\*Start Date: \_\_\_\_\_  
Year Month Day

\*End Date: \_\_\_\_\_ **OR** Currently Employed  
Year Month Day



\*Address:  
Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
\*Employer Telephone Number: \_\_\_\_\_  
Employer Email Address: \_\_\_\_\_  
Employment Status: Full-Time Part-Time Number of Work Hours per week: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Employer #2**

Are you Self-Employed? Yes No

**NOTE: If you are self-employed, please list Employer Name as "Self-Employed" and complete remaining fields.**

\*Employer Name: \_\_\_\_\_  
\*Position Title: \_\_\_\_\_  
\*Area of Practice: Home Care Hospital Long-term Care  
Group Home School Private Other: \_\_\_\_\_  
\*Start Date: \_\_\_\_\_  
Year Month Day  
\*End Date: \_\_\_\_\_ **OR** Currently Employed  
Year Month Day  
\*Address:  
Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
\*Employer Telephone Number: \_\_\_\_\_  
Employer Email Address: \_\_\_\_\_  
Employment Status: Full-Time Part-Time Number of Work Hours per week: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### Employer #3

Are you Self-Employed?    Yes    No

**NOTE: If you are self-employed, please list Employer Name as "Self-Employed" and complete remaining fields.**

\*Employer Name: \_\_\_\_\_

\*Position Title: \_\_\_\_\_

\*Area of Practice:    Home Care    Hospital    Long-term Care  
                                  Group Home    School    Private    Other: \_\_\_\_\_

\*Start Date:    \_\_\_\_\_  
                          Year    Month    Day

\*End Date:    \_\_\_\_\_    **OR**    Currently Employed  
                          Year    Month    Day

\*Address:  
Street Number:    \_\_\_\_\_    Street Name:    \_\_\_\_\_  
City:    \_\_\_\_\_    Province:    \_\_\_\_\_  
Postal Code:    \_\_\_\_\_    Country:    \_\_\_\_\_

\*Employer Telephone Number:    \_\_\_\_\_

Employer Email Address:    \_\_\_\_\_

Employment Status:    Full-Time    Part-Time    Number of Work Hours per week: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section 4B – Employment Opportunities

\*Are you looking for new or additional potential employment?    Yes    No

**If yes:**

\*Select the areas you would be interested to work in.

Home Care    Hospital    Long-term Care  
Group Home    School    Private    Other: \_\_\_\_\_

\*Select the regions you would like to work within.

Northwest    Northeast    Central    Southwest    East    GTA    Toronto

\*How many hours per week can you work? \_\_\_\_\_

\*Do you consent to being contacted by the Registry, operating on behalf of registered employers, about potential job opportunities?    Yes    No

## Section 5A – Attestations

\*I declare that there are no current proceedings or past convictions of a crime that carries a sentence greater than **six (6) months**.

\*I declare that there are no current proceedings or past convictions of a crime in the following areas: abuse, assault, theft, fraud and/or sexual offences.

\*I declare that I am fit to practice as a Personal Support Worker in Ontario and have the knowledge, credentials, good character and ability to practice as a Personal Support Worker and within the [Roles and Responsibilities of Personal Support Workers](#), as defined by the Registry.

## Section 5B – Accuracy of Information

\*I hereby declare that the information provided in my registration application is true and accurate to the best of my knowledge and belief.

\*I understand that the submission of false information or any form of willful misrepresentation is considered professional misconduct and may result in termination of my registration.

\*I understand that should any of the information submitted in my registration change, that it is my responsibility to notify the Personal Support Worker Registry of Ontario within **thirty (30) calendar days** of the date of change. Failure to update any changes in information may impact my standing with the Personal Support Worker Registry of Ontario.

## Section 5C – Declaration of Understanding

\*I understand that the Personal Support Worker Registry of Ontario may need to gather additional information, as required, in relation to my Registration Application Form. As such, additional information or supporting documentation may be required from me in the future to support this application.

\*I acknowledge that I have read and understood all policies and the [Terms of Use](#) pertaining to my application submission to become a registrant of the Personal Support Worker Registry of Ontario.





## Section 6A – Registration Supporting Document Checklist

Your signed/digitally signed Registrant Agreement, Registration Application Form, signed/digitally signed Consent Form, and all supporting documentation must be submitted to the Registry via mail as **one complete package** with the exception of documents that must be submitted by the issuing body themselves (as indicated in the check list below).

### MAILING ADDRESS:

**Personal Support Worker Registry of Ontario**  
222 St. Patrick Street  
Toronto, Ontario M5T 1V4

Upon receipt of an applicant's online, or mailed, application form to the Registry, the Registry must receive the following supporting documentation within **thirty (30)** calendar days:

One (1) copy of a government-issued photo ID demonstrating the applicant's citizenship status. The documentation must be one of the following:

- Canadian Passport;
- Canadian Citizenship Card or Certificate;
- Canadian Permanent Resident Card; or
- Valid work permit issued by Immigration, Refugees and Citizenship Canada

\*Note: If the above documentation does not contain a photo, a government-issued photo ID must also be provided (cannot be a health card).

Proof of Personal Support Worker program completion. The document(s) must be one of the following:

#### Community College:

- A final transcript bearing the academic institution's official seal/stamp; or
- A letter of completion from the Office of the Registrar bearing the institution's seal/stamp and/or letterhead.

#### Private Career College:

- A copy of the PSW certificate **and**
- A copy of the National Association of Career Colleges (NACC) certificate

#### Continuing Education School Board:

- A copy of the PSW certificate

### Please provide the following if applicable

Proof of additional certification beyond the applicant's core PSW credential (if applicable), provided directly to the Registry by the academic institution that granted the applicant's certification. The document must be one of the following:

- A final transcript bearing the academic institution's official seal/stamp; or
- A letter of completion from the Office of the Registrar bearing the institution's seal/stamp and/or letterhead.

Original signed and sealed Letter of Standing if the applicant is currently or was previously registered as a member of an unregulated or regulated healthcare body inside or outside of the province. The letter must be sent the Registry to directly by the unregulated or regulated body.

A copy of the applicant's Certificate of Name Change or equivalent if the name on any of the supporting documentation is different than the legal name used in this application.

**Note: you must not send the original copies of your personal identification documents (e.g. passport, driver's license). The Registry is not liable for any original copies of personal identification documents that may be mistakenly sent to the Registry. Expired documentation will not be accepted by the Registry.**

## Registration Consent Form

### Introduction/ Purpose

The Personal Support Worker (“PSW”) Registry of Ontario (“Registry”), is committed to the protection of personal information and privacy of its applicants and successful registrants (“Registrants”). The Registry requires its Registrants to submit personal information in order to carry out its mandate. Information in the possession, custody, and/or control of the Registry will be collected, used, and disclosed in accordance with your *Personal Support Worker Registry of Ontario Registrant Agreement*, Registry policies and procedures, and this *Registration Consent Form*. We will only collect, use or disclose personal information as is reasonably necessary to the administration of the Registry. It is important that you read this consent form carefully.

### Informed Consent

#### Information Collected in the Application

To be eligible for the Registry, you must submit the following documentation. Incomplete applications will be returned to applicants for completion.

- a) Personal Identification
  - a. A copy of proof of ability to legally work in Ontario (**required**); and
  - b. A copy of photo identification (**required**).
- b) Educational history (**Required**: proof of completion will be required in accordance with the [Registration and Renewal Policy](#)).
- c) Employment history
- d) Membership with any other unregulated or regulated healthcare body inside and/or outside of Ontario. If applicable, a Letter of Standing will be required in accordance with the [Registration and Renewal Policy](#).
- e) An attestation, through your application form, to your fitness to practice as a PSW in Ontario and fulfill the obligations outlined in the [Roles and Responsibilities of Personal Support Workers](#) document as defined by the Registry.
- f) An attestation declaring that you have never been convicted of abuse, assault, theft, fraud, sexual offences or any sentence that resulted in more than **six (6) months** of imprisonment.
- g) Details of any additional certifications received beyond the core PSW program. If applicable, proof of completion will be required in accordance with the [Registration and Renewal Policy](#).
- h) Details of interest in employment/additional employment opportunities.
- i) An attestation of the name and address of your employer.
- j) A signed or digitally signed copy of this *Registration Consent Form*.
- k) A signed or digitally signed copy of the *Personal Support Worker Registry of Ontario Registrant Agreement*.

#### Other Information Collected

- The Registry may collect information about you if you are the subject of a complaint made to the Registry. The Registry will process complaints in accordance with the Registry’s [Complaints Policy and Process](#), as amended from time to time.

- The Registry website ([www.psw-on.ca](http://www.psw-on.ca)) will collect your information in accordance with the Registry's [Web Site Privacy Policy](#).

## Disclosure of Personal Information

### Registered Employers:

All Registered Employers will be able to access a list of their own employees on the Registry to track and manage the standing of their employees on the Registry. The Registry will share the following information with your Registered Employer:

- Your name;
- Your Registrant ID;
- The date of initial registration;
- Registration status; and
- Date of birth.

The Registry may also share relevant, de-identified information to all Registered Employers on the Employer Portal of the Registry, including:

- Your gender
- Languages spoken and written
- The institution of your graduation from a PSW program
- The name of the PSW program that you graduated from
- The date of graduation from a PSW program
- If you have additional certifications, the following will be shown:
  - The institution of your graduation
  - The program that you graduated from
  - The date of graduation
- If you have ever been employed as a PSW, it will show the following:
  - Position title
  - Area of practice
  - Start date
  - End date
  - Employment status
  - Number of hours per week
  - Duties
- Working preference
- If you consent to Registered Employers contacting you about potential job opportunities.
- Unique Identifier (***This is not the same as your Registrant ID and you cannot be identified by Registered Employers through this identifier. Registered Employers who wish to recruit you will use this identifier to inform Registry staff that they would like to speak to you. In turn, Registry staff will then use this identifier to contact you on behalf of the Registered Employer.***)

The Registry does not guarantee any future or additional employment.

## Additional potential disclosures

Additionally, you consent to the Registry collecting, using, and disclosing your personal information where:

- disclosure is necessary to investigate an allegation or complaint;
- at any time, the Registry transfers or assigns any or all of its rights and obligations under this or any other Agreement with you, or to the Registry in whole or in part, to any designated parties (natural person or legal entity);
- necessary to protect the safety of an individual or group of individuals;
- in accordance with Registry Policies, procedures or protocols, which may be amended from time to time; or
- as required by law, regulation or administrative order.

## Removal from Registry

### Complaints

By applying to the Registry, you understand that if you are terminated by your employer as a result of being found to have engaged in physical abuse, sexual abuse, emotional abuse, verbal abuse or financial abuse (“**Abuse**” as defined by O.Reg.79/10:GENERAL under the *Long-Term Care Homes Act*) against an individual in your care, you will be deregistered from the Registry and your information will be removed from the employer-facing components of the Registry and any future iterations of the Registry where there may be a public-facing component. When you are deregistered, the Registry will retain your information for a period of **ten (10) years** from the time your registration was granted in accordance with the [Management, Retention, & Disposal of Applicant and Registrant Records Policy](#). If you are removed from the Registry for Abuse, your employer will be updated about your removal and information pertaining to your removal from the Registry for Abuse will be made available to other Registered Employers.

By applying to the Registry, you understand that the outcome of a third-party investigation of a complaint received from the public, clients, employers, or others may lead to a change in your registration status and the removal of your information from the employer-facing components of the Registry and any future iterations of the Registry where there may be a public-facing component. Information regarding a change in your status due to Abuse will be made available to other Registered Employers. The Registry will abide by the [Complaints Policy & Process](#) available on [www.psw-on.ca](http://www.psw-on.ca), as may be amended from time to time. When you are a subject of a complaint, you will be notified of the complaint in writing and it will be referred to your employer/third-party organization for handling. Depending on the information received from your employer or a third-party organization, the Registry may remove you from the Registry. Where your status has been changed you will be given the opportunity to appeal the decision of the Registry in accordance with the [Complaints Policy & Process](#).

Additionally, depending on the nature of the complaint, the Registry may have additional reporting obligations, as required by policy and/or the law, including but not limited to the police and regulatory colleges.

### Abiding by policies and procedures of the Registry

The Registry reserves the right to remove you from the employer-facing components of the Registry and any future iterations of the Registry where there may be a public-facing component in accordance with its policies and procedures, as may be

amended from time to time. It is your responsibility to read and ensure that you are current with the policies of the Registry. Failure to abide by *the Personal Support Worker Registry of Ontario Registrant Agreement* and policies of the Registry may result in you being removed from the employer-facing components of the Registry and any future iterations of the Registry where there may be a public-facing component.

## How the Registry will handle your Personal Information

### Storage

Your information will be stored on a secure web application. Hard copies of documents submitted to the Registry will be temporarily stored in a locked cabinet in a secure room at the Michener Institute until such time that they are scanned and/or uploaded to the secure web application and then securely destroyed.

### Duplication

Where documents are duplicated for any reason, the duplicated document will be deleted from the network system as soon as possible.

### Retention

Registrants will have their information stored with the Registry for as long as the Registry remains active. In the event that a Registrant wishes to withdraw this consent, the Registry will deactivate their account and remove them from the employer-facing components of the Registry and any future iterations of the Registry where there may be a public-facing component. Consent may be withdrawn at any time with written notice to the Registry. Registrant information will be stored for **ten (10) years** from the date the written notice was provided to the Registry.

### Rejected applications

Applicants not accepted to the Registry will have their information stored for **two (2) years** from the date of rejection from the Registry.

## Limited Registration

The Registry may require you to renew your registration from time to time. You will be notified in writing **sixty (60) calendar days** prior to the Annual Registrant Renewal date to renew your registration. It is your responsibility to ensure that your information with the Registry is current so that the information on renewal is received.

The Registry is not a comprehensive registry. Acceptance onto this Registry does not guarantee that you will be accepted to any future Registry. Additionally, it should be understood that any subsequent Registry might require that you resubmit or reapply to be registered in accordance with their policies and procedures. Lastly, rejection by this Registry does not restrict you from applying to any future Registry.



## Section 7A – Declarations and Signature

- I hereby consent to the Registry primarily communicating with me using email, understanding that the security of email messages is not guaranteed. Messages sent to, or from, the Registry may be seen by others using the Internet. Email is easy to forge, may be accidentally forwarded, and may exist indefinitely.
- I understand that being a Registrant of the Registry does not guarantee any future or additional employment.
- I understand that the Registry will be receiving complaints and will respond to complaints in accordance with applicable legislation and the [Complaints Policy & Process](#) of the Registry, as may be amended from time to time.
- I authorize the Registry to contact my listed Registered Employer(s) and disclose personal information in accordance with applicable legislation and the [Complaints Policy & Process](#) of the Registry, as may be amended from time to time.
- I authorize the Registry to make such inquiries about me as it considers appropriate in connection with this application or in connection with my status as a registrant of the Registry, should my application be successful. I am aware that my registration may be revoked if it is determined that I have, by any omission or commission, given false, misleading or ambiguous information in respect to any question on my *Registration Application Form*.
- I understand that the Registry can alter or revoke my Registry status if my employment is terminated or severed by my employer, or if I fail to practice within the [Roles and Responsibilities of Personal Support Workers](#), violate the [Code of Ethics](#), violate any other policy of the Registry, as may be amended from time to time, or based on a finding made against me by a third-party.

I, \_\_\_\_\_, have read and agree to have my information used in a manner consistent with this document and the policies and procedures publicly available on the Registry, as may be amended from time to time.

### Applicant Signature:

Name (printed): \_\_\_\_\_

Date \_\_\_\_\_

Year      Month      Day

Signature: \_\_\_\_\_

\*Sending confidential information via email is not secure.  
Alternatively, you may send this application by mail.