

FORM #1

Level/IP Examination Registration

Instructions			Timeline
Instructor	Give or email this form to each student		Beginning of training period
Student	Complete form and give or email to instructor		First week of training period
Instructor	Email all forms to blockexams@gov.nl.ca		

Exam Type:	Level	IP	College	Trade	Training Start Date
Training Type:	In-class	Online	Campus	Level #	Training End Date

First/Middle/Last name	Apprenticeship #	Home Phone Number
Mailing Address	Email address	Cell Phone Number

Exam Accommodations

Requests for exam accommodations must be submitted no later than 3 weeks prior to a scheduled exam writing.

Students must have appropriate documentation from a qualified professional (i.e. an individual who possesses professional credentials to perform an assessment and give recommendations for exam accommodations).

For detailed information about Exam Accommodations, refer to:

<https://www.gov.nl.ca/atcd/apprentices-youth/level-exams/accommodations/>

Note:

By signing this registration form, I agree to allow the training institution to release both the unofficial and official transcripts from the training institutions to the Apprenticeship and Trades Certification Division for progression approval and record purpose.

Personal information is collected under the authority of the Access to Information and Protection of Privacy Act (ATIPPA), and will be used and disclosed for the purposes outlined in this form.

If you have any questions about the collection, use and disclosure of your personal information collected on this form, please email blockexams@gov.nl.ca.

Student Signature

Date