

## **EMA LICENSING** LICENCE FOR STUDENT REQUEST

Request forms must be submitted at a minimum of 14 days prior to the start date of the clinical or practical date.

PART A. CLASS INFORMATION		is ale illai	idator y				
CLASS CODE		PCP	ACP	CCP ITT	☐ INITIAL	EXTENSION	
CLASS START DATE (YYYY/MM/DD)				FIRST CLINICAL/PRACTICAL DATE (YYYY/MM/DD)			
PART B: CONTACT INFORMA	ATION - all	fields are i	mandatory				
CONTACT FIRST AND LAST NAME	THOIL GIII	inorao aro i	nanaator y	TRAINING AGENCY		TRAINING LOCATION	NC
DUONE NUMBER	T EAVANUA PED			EMAIL ADDDESS			
PHONE NUMBER	FAX NUMBER			EMAIL ADDRESS			
STREET ADDRESS OR PO BOX				TOWN/CITY		PROVINCI	E POSTAL CODE
PART C: STUDENT INFORM	ATION				EMA	LB OFFICE	IISE ONLY
STUDENT LAST NAME		STUDENT FIRST AND MI					
HITH 0700 D							