



## Application to become an RMHA Examiner

All fields must be completed and form must be signed.

Clinics are scheduled at the discretion of the Directors of Examiners based on the number of applications received. If you know of others near you who would like to become Examiners, please ask them to submit an application, too.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

RMHA Membership Number \_\_\_\_\_

- I have been a member continuously for the last 3 years to attend a clinic.
- I understand that I must register for and attend a clinic (with a clinic fee of \$50 payable to the RMHA) and pass a test to achieve Examiner status.
- I understand that I must maintain continuous membership to maintain my status as an Examiner, after being approved.
- I understand that should my membership lapse, I will be required to apply to the Directors of Examiners for reinstatement of my Examiner status. If lapsed for under a year, there is a \$10 fee, payable to the RMHA, for reinstatement if approved. If lapsed for over a year, the fee is \$50, payable to the RMHA, for reinstatement if approved.
- I understand that should my membership be lapsed for over three years I would be required to complete a new application (paying application fee to RMHA), take a clinic and pass a test to become an Examiner again.
- My signature indicates my acknowledgement that I must comply with the Bylaws, Rules and Rules of the Registry as they apply to my role as an Examiner. I understand that the privilege to be an Examiner is not a right of RMHA membership and that the recommendations of the Directors of Examiners and the decisions of the Board regarding granting or removing my Examiner's privileges cannot be appealed through processes afforded to me as a member of the RMHA. I understand all the requirements of this role as established by the RMHA and agree to be bound by them.

Why would you like to become an Examiner for the RMHA?

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Signature of applicant