

Application for R.D.T. Credential

To: R.D.T. Examination Director
Phyllis Tourond
Box 402 – Lundbreck, AB T0K 1H0
Email: tourond@telusplanet.net
Phone: 1-403-628-3522

Please email or mail the following information to the above address:

Name _____
Address _____ Province _____ Postal _____
Phone Number _____ Email Address: _____
COPE Membership Number (if applicable): # _____

Entrance Level & Standards to Write the R.D.T. Exam

First and foremost the applicant must be a certified electrologist with proper documentation of training. A total of 500 hours of combined practical and theory electrolysis is required in most cases, but the R.D.T. Board will consider other applicants if you have been a practicing electrologist for over 2 years.

In addition to electrolysis and laser certification the applicant must also have one or more of the following modalities (as listed below) to qualify to write the R.D.T. examination.

Modalities Earned:

(You must have all of the modalities listed below to write the RDT Exam: Proof of Certification (copy) must accompany this application.)

1. Electrolysis (Galvanic) _____
2. Thermolysis _____
3. Blend _____
4. Laser Hair Removal or Light Based Technology _____
5. Telangiectasia (Vascular) _____
6. Other: _____

(Explain the modalities below if you have checked the 'other' box)

Applicants must take into consideration that the R.D.T. exam is an 'elite' examination and credential which will enhance your professionalism in the industry and will provide a reliable standard against which professionals, like your-self, can measure their knowledge, understanding, and abilities in the field of the Registered Dermal Therapy Program.

This is my first application to write the RDT Exam: yes ___ no ___

This is a re-write application for the RDT Exam: yes ___ no ___

Fee schedule to write the on-line exam is:

(Please check the appropriate box)

Cope National Members - \$175.00 _____

Non-Members - \$275.00 _____

Re-Write fee for Cope Members - \$ 75.00 _____

Re-Write fee for Non-Members - \$175.00 _____

Total amount to apply to credit card or check amount.....\$ _____

Payment Options:

Visa Number: _____ Expiry : _____

MasterCard Number: _____ Expiry: _____

Check (Allow 4-6 weeks for material to arrive if paying by check)

Training Information for Electrolysis:

Name of Training

Institution: _____

Address of Training Institution: _____

Name of Instructor or School Administrator _____

Phone Number of Institution _____ Email: _____

Number of Training Hours: _____

Copy of training certificate/diploma attached yes no

Training Information for Laser Hair Removal or Light Based Technology:

Name of Training

Institution: _____

Address of Training Institution: _____

Name of Instructor or School Administrator _____

Phone Number of Institution _____ Email: _____

Number of Training Hours: _____

Copy of training certificate/diploma attached yes ___ no ___

Training Information for Telangiectasia (Vascular):

Name of Training

Institution: _____

Address of Training Institution: _____

Name of Instructor or School Administrator _____

Phone Number of Institution _____ Email: _____

Number of Training Hours: _____

Copy of training certificate/diploma attached yes ___ no ___

(Please do not write in this box)

Examinee Accepted Yes ___ No ___ Email address accepted: Yes ___

Code Number Assigned: # _____

Examinee Email Address: _____ RDT Initials _____

