



## HPTC Data Retrieval Request

Data retrieval requests for examination results after delivery of initial examination results will be subject to an administrative fee.

Please complete the following:

First Name: \_\_\_\_\_

Last Name on date of examination: \_\_\_\_\_

Year and month of exam administration: \_\_\_\_\_

Respiratory Therapy Program: \_\_\_\_\_

Exam administration site (city): \_\_\_\_\_

How would you like the information delivered?

Electronically **\$30 + HST = \$34.50**

Copy to third party inclusive of official seal of the CBRC and verified copy of results **\$50 + HST = \$57.50**

Name of Third Party: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

This form may be submitted:

- **Electronically** to [hptc@hptc.ca](mailto:hptc@hptc.ca) with associated e-transfer of funds.
- **Mailed with certified cheque or bank draft payable to:**

Health Professionals Testing Canada  
27 Wyngate Drive  
Fredericton, NB  
E3A 9X8