



Continuing Education Credit (CEC) Recognition Request

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|---|---|--|--|
| Please print your name as it is on record with canfitpro : | | | |
| <input type="checkbox"/> Miss | <input type="checkbox"/> Mr. | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms <input type="checkbox"/> Dr |
| | | | canfitpro ID: _____ |
| Last Name | | First Name | Middle Initial |
| Mailing Address | | Email Address | |
| City | Province | Postal Code | |
| () | () | () | |
| Home phone | Work phone | Cell phone | |
| Current canfitpro Certification(s): | | | |
| <input type="checkbox"/> FIS | <input type="checkbox"/> PTS | <input type="checkbox"/> HWL | |
| CEC EVENT INFORMATION | | | |
| Event Title: | | | |
| Event Provider Name: | | | |
| Date(s): | | Education Hours: | |
| Course/Provider Contact Information | | | |
| Website | Email | Phone | |
| Course Format | | | |
| <input type="checkbox"/> Workshop/Live Event | <input type="checkbox"/> Conference | <input type="checkbox"/> Correspondence | <input type="checkbox"/> College/University <input type="checkbox"/> Other _____ |
| Enclosed: | | | |
| <input type="checkbox"/> Course Description* | <input type="checkbox"/> Certificate of Completion* | <input type="checkbox"/> Grade Report/Transcript* | |
| <i>*This form must be accompanied by a certificate of completion, proof of attendance, or a grade report/transcript for university/college courses, a course description and proper payment. Receipts are not accepted as proof of attendance.</i> | | | |
| METHOD OF PAYMENT | | | |
| CEC Request fee is \$12.00 per CEC + applicable taxes. | | | |
| <i>Maximum CECs requested per application in each discipline, is 4.0 CECs (4 x \$12 + applicable taxes). Requested CECs may be carried over up to a maximum of 4, individual requests can be processed for a maximum of 4 CECs. CECs must be obtained during recertification period to be eligible. 1 CEC = 2 hours educational content</i> | | | |
| Payment Amount: Total CECs requested _____ x \$12/CEC + tax (GST*/HST**) | | | |
| *GST (Goods and Services Tax-5%) applicable in British Columbia, Alberta, Manitoba, Saskatchewan, Quebec and Yukon. | | | |
| **HST (Harmonization of Sales Taxes-13%) applies only to the Canadian provinces of Ontario (13%), Newfoundland (15%), Nova Scotia (15%), New Brunswick (15%) and includes both GST and PST. | | | |
| <input type="checkbox"/> Visa | Card Number: | | Expiry: |
| <input type="checkbox"/> MasterCard | | | CVV: |
| <input type="checkbox"/> Cheque* | <input type="checkbox"/> Money Order* | *Cheque or money order must be enclosed; No post-dated cheques will be accepted. | |
| Signature: | | Date: | |
| Mail to: canfitpro 110-225 Select Ave. Toronto, ON M1X 0B5 Attention: Accreditations | | Fax to: (416) 493-1756 Email: accreditations@canfitpro.com | |

Allow 10 business days for review of your application. If you have any questions about CEC accreditation, please contact canfitpro at (416) 493-3515 or Toll-free 1-800-667-5622 or at accreditations@canfitpro.com.