

Continuing Education Credit (CEC) Recognition Request

Please print you	name as it is	on recor	d with canfitpro:				
□ Miss □ M	r. 🗆 Mrs	S. 🗆	Ms □ Dr		c anfitpro ID:		
Last Name			First Name		Middle Ini	tial	
Last Name			i ii st itaille		Middle iiii	Liat	
Mailing Address					Email Add	ress	
City			Province		Postal Coo	le	
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Home phone			Work phone		Cell phone	2	
Current canfitpro Certification(s):							
Current Carmicpro Certification(s).							
□ FIS □ PTS □ HWL							
CEC EVENT INFORMATION							
Event Title:							
Event Provider Name:							
Date(s): Education Hours:							
Course/Provider Contact Information							
	correcce iiiioi		Email			Dhono	
Website Email Phone Course Format							
□ Workshop/Live Event □ Conference □ Correspondence □ College/University □ Other							
Enclosed:							
□ Course Description* □ Certificate of Completion* □ Grade Report/Transcript*							
*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.							
METHOD OF PAYMENT							
CEC Request fee is \$12.00 per CEC + applicable taxes.							
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							
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.							
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□ Visa □ MasterCard	Card Number					Expiry:	CVV:
							I
☐ Cheque* ☐ Money Order*							
Signature:					Date:		
Mail to: canfitpro				T			
110-225 Select Ave.				Fax to: (416) 49	Fax to: (416) 493-1756		
				, ,	ations@canfitpro	.com	
Attention: Accreditations							

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.