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Instructions

1. Print this form, complete the information.
2. To pay by Visa or MasterCard, fill in information and either mail to address shown above or fax to 613-722-0250. Include this form.

Information:

Name _____

Professional Affiliation: _____

Mailing Address: _____

City: _____ Prov/State: _____ Postal/ZIP _____

Phone: _____ email: _____

- Regular Certification Fee \$600.00
- Submitted within 18 months of completing Core Skills Training Date \$300.00

*Certification Packages must be received before March 1, 2018 to receive this discount

Completed Core Skills Training: _____

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