



CERTIFICATION CHECK REQUEST FORM

Form Usage:

- a) Certification checks will not be completed unless this form is submitted in full.
- b) Please allow 10 to 14 business days for a Certification Check to be completed.
- c) Phone calls will not be accepted regarding Certification Check Requests.
- d) Please note that the BC Hockey office does not issue coaching numbers, these can be obtained from the Coaching Association of Canada 613.235.5000

Current Contact Information:

Name:	_____	_____	_____
	<small>First</small>	<small>Middle</small>	<small>Last</small>
Birth Date:	_____	Preferred First Name:	_____
Address:	_____		
	<small>Street</small>	<small>City</small>	<small>Prov</small> <small>Postal Code</small>
Phone:	() _____	Email:	_____

Previous Contact Information:

Please list your location(s) when certification was obtained

Former Name(s) (If Applicable):	_____		
Address:	_____		
	<small>Street</small>	<small>City</small>	<small>Prov</small> <small>Postal Code</small>
Phone:	() _____	Email:	_____

Type of certification check requesting:

Mark the appropriate box(s).

	Date and Location of Clinic		Date and Location of Clinic
Initiation <input type="checkbox"/>	_____	Safety/Trainer (HCSP) <input type="checkbox"/>	_____
Intro to Coaching <input type="checkbox"/>	_____	Officiating (HCOP) <input type="checkbox"/>	_____
Development Stream <input type="checkbox"/>	_____	Speak Out <input type="checkbox"/>	_____
High Performance Stream <input type="checkbox"/>	_____	Checking <input type="checkbox"/>	_____

Please list any other information that might help in the identification of yourself and/or the clinic you attended:

CERT0607