



CERTIFICATION CHECK REQUEST

- a) Forms may be submitted via email rcharette@hockeyeasternontario.ca or fax (613) 224-6079 attention Rebecca Charette
- b) Please allow 5-7 days for a certification check to be completed
- c) Certification checks will not be completed unless this form is completed in full

Current Contact Information:

First Name:	Last Name:
Address: City:	Postal Code:
Phone	Email:
Birth Date (mm/dd/yy)	Association:

Previous Contact Information:

(Please list your address when certification was obtained)

First Name	Previous Last Name (if applicable)
Address	Postal Code
Phone	
Association/Hockey Canada Branch	

Type of certification check required (mark all appropriate boxes):

	Certification	Date and Location of Clinic
<input type="checkbox"/>	Intro Coach	
<input type="checkbox"/>	Coach Stream	
<input type="checkbox"/>	Developmental 1	
<input type="checkbox"/>	Trainer (Level 1 or 2)	
<input type="checkbox"/>	Speak Out/Respect in Sport	