



# CERTIFICATION CHECK REQUEST FORM

**Form Usage:**

- a) Certification checks will not be completed unless this form is submitted in full.
- b) Please allow 10 days to 2 weeks 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:	_____	_____	_____
	First	Middle	Last
Birth Date:	_____	Preferred First Name:	_____
Address:	_____		
	Street	City	Prov      Postal Code
Phone:	(    ) _____	Email:	_____

**Previous Contact Information:**

Please list your location(s) when certification was obtained

Former Name(s) (If Applicable):	_____		
Address:	_____		
	Street	City	Prov      Postal Code
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 (CHSP) <input type="checkbox"/>	_____
Coach <input type="checkbox"/>	_____	Officiating (CHOP) <input type="checkbox"/>	_____
Intermediate <input type="checkbox"/>	_____	Speak Out <input type="checkbox"/>	_____
Advanced <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:

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## CERT0506