

## Certification Training Registration Form

### Participant Information

1. Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
2. Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
3. Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
4. Name \_\_\_\_\_ Position/Title \_\_\_\_\_

### Course Type/Cost (Please Check)

- Basic – Self-directed: \$337.50 + \$43.88(HST) = \$381.38  
 Long Term Care, Community Care & Group Homes-Self-directed: \$337.50 + \$43.88(HST) = \$381.38  
 Office Workplaces – Self-directed: \$260.00 + \$33.80(HST) = \$293.80

### Payment Information

#### Part 1 – Basic Certification - Self-Directed

Total owing: \_\_\_\_ x \$381.38 = \_\_\_\_\_

#### Part 2 – Workplace Specific Training

##### - Long Term Care, Community Care and Group Homes – Self-Directed

Total owing: \_\_\_\_ x \$381.38 = \_\_\_\_\_

##### - Office Workplaces – Self-Directed

Total owing: \_\_\_\_ x \$293.80 = \_\_\_\_\_

### Organization Information (please print clearly)

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email \_\_\_\_\_

Course Location: \_\_\_\_\_ Course Date: \_\_\_\_\_

### Credit Card Information

Visa            Mastercard

Card Number: \_\_\_\_\_ Card Holder: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

_____
<b>WSIB Firm #</b>
_____
<b>WSIB Rate Group</b>