



AFLCA Recertification Package

NAME: (will be displayed on certificate) _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: _____ EMAIL: _____

I am submitting all of the following documents for AFLCA Recertification:

- ∇ **Current CPR Certification** issued within the last 12 months Issue date: _____
- ∇ **3 Page Practical Assessment** signed by a current AFLCA Trainer/Assistant Trainer *For first recertification only*
- ∇ **Recertification Fee Payment (below)**
 - \$140
- ∇ **Late Fee (if applicable):**
 - Up to 30 days late:** not insured until documents verified and processed
 - 2 to 6 months late:** \$50
 - 7-12 months late:** \$100
- ∇ **Proof of 12 CEC's (Check all that apply):**
 - ∇ **AFLCA Event within recert period**
 - Perspectives Conference _____ (Year)
 - Fit Rendezvous _____ (Year)
 - Other: _____
 - OR:**
 - ∇ **AFLCA Approved CEC courses:**
Course Codes or names (i.e. CEC 21834)

 - AND/OR:**
 - ∇ **Petition Application**
(for non-AFLCA approved courses)
 - ∇ **Petition Application Approval Email** (sent from AFLCA after course approval)

**Please note: if your documents are over 12 months late, please contact the AFLCA office regarding next steps.*

I verify that I have provided all required documents and recertification payment. I understand that if submitted early, my documents will not be processed until the month of my recertification.

Signature: _____ Date: _____

AFLCA Recertification Fee:

Amount: _____

Type of Payment: VISA MasterCard Cheque/Money Order

Credit Card Number: _____ Name of Cardholder: _____

Expiry Date: ____/____/____ CVC: _____

Mail:
AFLCA/Provincial Fitness Unit
Percy Page Centre
11759 Groat Road—3rd Floor
Edmonton AB T5M 3K6

Email:
info@provincialfitnessunit.ca