

Application and Renewal Form

thehffc.ca

Are you Applying or Renewing?

Applying Renewing

Which certificate are you applying or renewing?

HFFC-CPT™ HFFC-CEP™

Name: _____

Date of Birth (dd/mm/yyyy): _____

Phone number: _____

Email address: _____

Home address: _____

****In addition to this document, please attach your CV/Resume, Proof of CPR-C, Current Certifications, and Transcript. ****

Please send to applynow@thehffc.ca