



# APPLICATION FOR CONTINUING FORESTRY EDUCATION CERTIFICATE

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(as it should appear on the certificate)

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
CIF Member \_\_\_\_\_ RPF Member \_\_\_\_\_

Do you wish to be recognized in the CIF-IFC Membership Magazine "The Leader"? Yes \_\_\_ No \_\_\_

Do you wish a letter and copy of your certificate sent to your employer? Yes \_\_\_ No \_\_\_

(If so, please enclosed a self-addressed business envelope using the appropriate name and address of your employer.)

## SUMMARY OF CONTACT HOURS FOR THE THREE-YEAR PERIOD

Beginning Date: _____	Ending Date: _____
Category 1: _____	Hours Claimed (60 minimum/150 maximum)
Category 2: _____	Hours Claimed (90 maximum)
Category 3: _____	Hours Claimed (60 maximum)
Total _____	Hours Claimed (150 minimum)

Having completed the contact hours listed above, I am applying for a CIF-IFC Continuing Forestry Education Certificate. To the best of my knowledge, this information is accurate and complete.

X \_\_\_\_\_

(Signature of Applicant)

(Date)

### For the CIF-IFC Continuing Forestry Education Committee

I have examined this application and found that it meets the required contact hours within each of the required Categories and I approve the application for issuance of the Continuing Forestry Education Certificate.

X \_\_\_\_\_

(Signature for CFE Committee)

(Date)

### For Use by CIF-IFC National Office

Date Received \_\_\_\_\_ Amount \_\_\_\_\_

Certificate mailed by \_\_\_\_\_ Date \_\_\_\_\_

(signature)

Please return completed forms to CIF-IFC National Office via email at: [admin@cif-ifc.org](mailto:admin@cif-ifc.org)  
or by mail to:

Canadian Institute of Forestry  
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