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 or by mail to:

Canadian Institute of Forestry
P.O. Box 99, 6905 Hwy. 17 West, Mattawa, ON | P0H 1V0