

Ontario Hockey Federation

CERTIFICATION CHECK REQUEST



Form Usage:

- a) Certification checks will not be completed unless this form is completed in full
- b) Forms may be submitted via email (rberg@ohf.on.ca) or fax (416.426.7347)
- c) Please allow 7-10 days for a Certification Check to be completed.
- d) Phone calls will not be accepted regarding Certification Check Requests

1. Current Contact Information:

First Name	Last Name		
Address			Postal Code
Phone	Fax		
Email			Birth Date (mm/dd/yy)

2. Previous Contact Information:

(Please list your address when certification was obtained)

First Name	Previous Last Name (if applicable)		
Address			Postal Code
Phone	Fax		
Email			

3. Member Partner registered with:

- Alliance
 GTHL
 NOHA
 OHA
 OMHA
 OWHA

4. Type of certification check required (mark all appropriate boxes):

	Certification	Date and Location of Clinic		Certification	Date and Location of Clinic
<input type="checkbox"/>	Initiation/Intro Coach		<input type="checkbox"/>	Advanced II (or HP II)	
<input type="checkbox"/>	Coach		<input type="checkbox"/>	Safety / Trainer (HSCP)	
<input type="checkbox"/>	Intermediate / Developmental I		<input type="checkbox"/>	Officiating (HCOP)	
<input type="checkbox"/>	Developmental II		<input type="checkbox"/>	Speak Out	
<input type="checkbox"/>	Advanced I (or HP I)		<input type="checkbox"/>	Lost Card	

5. Please list any additional information that might be helpful in the identification of yourself or the clinic you attended: