**Application for Certificate**

**Dalhousie University**

**School of Occupational Therapy**

I am applying for a certificate in (check one)

□ Chronic Condition Management

 □ Aging and Continuing Care

 □ Diversity and Inclusion

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| Section A: Personal Data |
| Family Name | First Name | Middle Name |
| Print your name exactly as you wish it to appear on your certificate |

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| Section B: Mail Certificate to |
| Address | City/Town |
| Province/State | Country | Postal/Zip Code |

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| Section C: Course History (List the three courses you have taken in the Certificate Program) |
|  Core course Course number Term/ Year |
|  Elective 1 Course Number Term/ Year  |
| Elective 1 Course Number Term/ Year |

Student Signature

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 Name Date

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| Section D: For office use  |
|  Courses verified by Date |
|  Post-professional Coordinator approval Date  |
| Certificate mailed Date |