



## Athletic Injury Management Equivalency Application Form

### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *Province* *Postal Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Course Information

Course Name: \_\_\_\_\_

Course Instructor: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Location: \_\_\_\_\_

### Fees & Method of Payment

NOTE: To receive your certification students must purchase a \$15.00 Student Membership, this gives you 20% off any supplies.

Mandatory Certificate Fee: <b>\$5.00</b>	YES <input type="checkbox"/>	Payment Methods Accepted: Cheque, VISA, MasterCard, Cash
Mandatory Student Membership: <b>\$15.00</b>	YES <input type="checkbox"/>	
If you would like to purchase the manual, it is an additional \$40.00 + GST (\$42.00)	YES <input type="checkbox"/>	Name on Card: _____
	or NO <input type="checkbox"/>	Card Number: _____
Total:		Expiry Date <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Month (MM)</span> <span>Year (YY)</span> </div>

NOTE: Successful applicants will receive their Athletic Injury Management Certificate, which is current for three years

### Disclaimer and Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_