

**Florida Health Care
Activity Coordinators Association**

Application for Copy of Continuing Education Certificate

Location of Conference Seminar or Workshop _____

Dates of Conference or Workshop _____

If You are Seeking a Copy of Annual Conference Certificate.

Did You Attend:

_____ Entire Conference or _____ One Day Session

(Please check One)

Reason for Copy _____ Destroyed Lost / Misplaced _____

Please Check One

Please Enclose a Check for \$25.00 Made Payable to FHCACA

Please Note Only One Copy Will be Provided

The Processing Fee is in Accordance with FHCACA Current Rule-Passed July 22, 2003

Please Send Check and Request to:

**Nancy Hawk, AP-BC
FHCACA Professional Development Chair
725 South Pine Street
Sebring, FL 33870
(863) 402-4710
ActivitiesDistrict3@yahoo.com**

Name _____

Mailing Address (Preferably Home) _____

City, _____ State _____ Zip Code _____

Phone Number You Can be Reached During Business Hours _____

Signature of Applicant _____

Date _____

Please allow two to three weeks for return application