

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 20 2020

Please send check and request to:

Dakotah Nalley, ADC
FHCACA Professional Development Chair
PO Box 540702
Merritt Island, Fl 32954

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