

**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:

**Cathy Richards, ADC
FHCACA Professional Development
6305 Cortez Rd W.
Bradenton Fl 34210**

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