

## **EDUCATION SERIES ENROLLMENT FORM**

Surname:		First Name:		
Preferred Name:		Date of Birth:		
Mailing Address:				
City:		Province:		Postal Code:
Email:		Telephone:		
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Course Name:	Course Code:	
HOD OF PAYMENT		
☐ eTransfer		
☐ Cheque		
☐ PayPal		
⊐ Other:		
RSE ENROLLMENT CHECKLIST (Please initial ea	ach of the following)	
I have completed the Enrollment Form and emailed	the decument to	
info@canadianforensichealth.com	the document to.	
_I have sent payment for course enrollment fee whicl	h I understand is non-	
refundable including if I withdrawal or if I fail to com	•	
transfer to be forwarded to email: info@canadianfo		
EFT is acceptable to Canadian Forensic Health Corporation Canceled by the provider, a notification will be sent a	•	
refund or deferral until the next course offering will		
_I understand requirements for this online course inc	lude access to a	
computer with internet connectivity and headphone		
to engage in online meetings. I will also need email a		
of the most recent version of Adobe Acrobat Reader Google Chrome, though other browsers can be used		
institutional firewalls may impede your ability to acc		
, , , , , , , , , , , , , , , , , , , ,		
_The course start and end dates are indicated in your	confirmation of	
enrollment email. You must complete the course wi		
timeline. This is a self-paced course with online/live		
the online/live classes are provided in the confirmat	ion of enrollment s mandatory in order t	

Course Start Date:

receive the certificate of completion and use this course to meet the theory requirements for future examinations with the authorized credentialing bodies.

When engaging in group work and online live class professional and accountable. I will conduct myse creates a safe learning environment for all learner trauma-informed/wellness-centered care and prir curriculum. CFHC facilitators create a brave space and possibly offensive topics. Ethical and moral di bias. Instructors will make every effort to maintain sessions. Please reflect on your contributions in an and unbiased practice as we work through challer you find yourself needing support please reach output to the service of t	If and comment in a respectful manner which is in my cohort. Principles of harm reduction, inciples of inclusivity are threaded throughout our to conduct challenging discussion on descriptive scussions often occur which reveal unconscious in a safe learning environment for all during these in effort to achieve a non-judgmental, neutral, inging concepts about violence in society today. If
This course is intended for healthcare providers we license is required for those planning to write the may contact you to verify your license). In order to you must be a licensed/currently practicing physical	SANE-A or SANE-P certification examination (we take the SANE/SAFE-A or SANE/SAFE-P courses,
These courses offer ANCC Nursing CE. We do not when we worked with other organizations, including accredited training when applied through their of how to get CME status for this course. (IAFN is acceptofessional development by the American Nurse Accreditation).	ng physician groups, and have qualified to offer ficial organizations. Please contact us to explore credited as a provider of nursing continuing
This training will cover the didactic theory portion healthcare theory will be presented. You can array skills-training and practice are required to fulfill the SANE-A or SANE-P certification examination. Canaclinical skills education as a separate course that is standardized patients.	nge your own clinical preceptorship. Additional ne requirements of the IAFN to stand to write the dian Forensic Health Corporation does offer
I certify the above information is true. I have reviewed aware that no refunds will be given if I withdraw from student's) responsibility to ensure I have access to hat the course. The personal information collected in this administration only. If you have questions about the Canadian Forensic Health Corporation.	n the course. I understand it is my (the ardware and software required to complete s form will be used for course
Student Signature:	Date:

For Office Use Only			
Processed by:			
Registration Completed:			
Comments:			
Record of Attendance			
Completion Information/Certi	ficate Sent		

