

COURSE CREDIT/COMPETENCY CREDIT FORM

Applicant to submit one form for each course comparison request.

Please provide the following information if you are applying for course comparison:

Applicant Name: _____ Date: _____

Course Requesting IHSA Comparison: _____

Program Name (if applicable): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

Company Legal Name: _____

Company Trade Name: _____

WSIB # _____ Account #: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

ALL THREE REQUIREMENTS WILL BE CONSIDERED FOR COURSE COMPARISON

Submit the following documents to verify equivalency:

- A course description including total duration that meets or exceeds current IHSA requirements.
- Proof of course completion within a period of five (5) years from date of application for course comparison.
- Verification that the course was taken from a recognized institution, including but not limited to a college, university, trade school, or safety association.

1. A completed Course Credit Competency Credit Form must be submitted with acceptable documentation, which includes transcripts and official course outlines. Course certificates and wallet cards are not considered acceptable documentation. Professional experience will not be accepted in lieu of training.
2. **APPLICANT CONSENT.** I hereby agree to allow IHSA to collect, store, and use my name, address, and purchase information in accordance with IHSA's Privacy Policy. I understand that if personal information compiled by IHSA is incorrect, IHSA will correct the information upon my request and provide me with confirmation. I further understand that if I am not satisfied with the manner in which IHSA handles my personal information, I may contact the Privacy Commissioner for the Province of Ontario.
3. IHSA reserves the right at its sole discretion to deny the comparison on the basis of an applicant furnishing false information.

Name: _____ Date: _____

Signature: _____

SEND COMPLETED FORM TO: ncsoadministrator@ihsa.ca

IHSA Review By: _____ Job Title: _____ Date: _____

Signature: _____ Rejected Accepted