

Instructor(s) Information

(i)Name _____ Title _____
Address _____ City _____ Prov _____
Postal Code _____ Email _____
Phone _____ Fax _____

Provide the title of FPHRC courses for which this instructor will deliver the training.

-
-

This instructor meets the minimum qualifications as outlined in section 2 a -

Yes No

(ii)Name _____ Title _____
Address _____ City _____ Prov _____
Postal Code _____ Email _____
Phone _____ Fax _____

Provide the title of FPHRC courses for which this instructor will deliver the training.

-
-

This instructor meets the minimum qualifications as outlined in section 2 a -

Yes No