



## CERTIFICATE PROGRAM APPLICATION FORM

Application Date: \_\_\_\_\_

Please complete this form and return with **\$100.00** registration fee.

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (h): \_\_\_\_\_ (w): \_\_\_\_\_ (fax): \_\_\_\_\_

Certificate:  Mediation Skills     Leadership Skills     Resolution Skills

Payment Enclosed (please make cheques out to Mediation Services)

Please invoice my employer:

Attn: \_\_\_\_\_ Organization: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Complete the following table by entering dates of Resolution Skills Centre core skill courses taken as well as names and dates of completed electives. If you have taken courses from another organization and would like to request a transfer credit, please include a transcript, course description, table of contents, or other documents that describe the course content.

COURSE NAME	# OF DAYS	DATES
<b>CORE COURSES:</b>		
How to Deal with Difficult People (ICR)	2	
Coaching for Resolution	2	
Dealing With Anger	2	
Culture and Conflict	2	
<b>ELECTIVES:</b>		

For Office Use Only:

Date Paid: \_\_\_\_\_ Rec/Inv#: \_\_\_\_\_ Letter Sent: \_\_\_\_\_