



**DACUM FACILITATOR NATIONAL CERTIFICATION APPLICATION FORM**

**NAME:**  
**ADDRESS:**  
**COUNTRY:**  
**POSTAL CODE:**

**EMPLOYER:**  
**TITLE:**  
**TELEPHONE :**  
**FAX:**  
**E-MAIL:**

**SIGNATURE:**

*Please Mail Application Form, along with payment of \$500 (plus \$25 GST if applicant presently resides in Canada) to:*

Canadian Vocational Association  
**Attention: Ms Jane Louks**  
**P.O. Box 816**  
Ottawa, ON, K0A 2Z0  
GST # R106868573

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**(for CVA use only)**

Certification Fee (\$500 + \$25 GST) \_\_\_\_\_ paid

Certification No: Interim \_\_\_\_\_ Permanent \_\_\_\_\_

👉 Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification Board Signatures**

Chairman: \_\_\_\_\_

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_