

Multi-Workshop Certificate Application

First Name:	Last Name:
Street Address:	City:
Province	Postal Code:
Phone Number:	Email Address:
Organization:	

Which certificate are you applying for?

- ___ **Commitment to Compassion: Level One Certificate**
 - For *community members*, after completing 20 hours of QoC training in two years
- ___ **Commitment to Compassion: Level Two Certificate**
 - For *community members*, after completing 40 hours of QoC training in three years
- ___ **Commitment to Compassionate Care: Level One Certificate**
 - For *helping professionals*, after completing 20 hours of QoC training in two years
- ___ **Commitment to Compassionate Care: Level Two Certificate**
 - For *helping professionals*, after completing 40 hours of QoC training in three years
- ___ **Commitment to Community Capacity Building: Level One Certificate**
 - For *facilitators*, after completing 20 hours of QoC training in two years
- ___ **Commitment to Community Capacity Building: Level Two Certificate**
 - For *facilitators*, after completing 40 hours of QoC training in three years

Please indicate which workshops you took in the past 2-3 years:

Name:	Date:

If possible, please attach your certificates of attendance to this application.

Please submit this application or any questions to the QoC Project Lead at qoc@peterboroughdrugstrategy.com.