



STATEMENT OF QUALIFYING ACTIVITIES

CYCLE: SEPT. 1, 2010 – AUG. 31, 2012

Name (Print): _____ E-mail: _____ Skate Canada #: _____

Activity	Date (dd/mm/yy yy)	Activity Leader's Name (Print)	Activity Leader's Signature	Duration (days/ hrs)	Credits Claimed	Office Use Only
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
					Total credits	
Office Use Only		CEP Status: No Status Bronze Silver Gold			Initial: _____ Date: _____	

All fields for each activity must be completed and this statement must be signed and dated to be considered for credit.

NOTICE:

Skate Canada reserves the right to verify all of the information in the statement forms. Providing false or misleading information in this document will be considered a violation of the Skate Canada Coaches' Code of Ethics, violation of Skate Canada rules and could result in denial or revocation of CEP status and/or Skate Canada suspending, terminating or denying Skate Canada Professional Coaching Membership.

I have read the above notice and hereby certify that the all of the information in this document is true and accurate.

Signature: _____ Date: _____

PLEASE MAKE A COPY OF THIS STATEMENT FORM AND KEEP IN YOUR RECORDS FOR VERIFICATION