

International Critical Incident Stress Foundation, Inc.
Request for Certificate of Attendance

Name: _____
(As you would like for it to appear)

Course(s) attended: _____

Instructor: _____

Date(s) of Training: _____

Location of Training: _____

Address to send certificate:

Daytime Phone #: _____

Fax: _____

Email: _____

If the training you attended was within the past year, there will be a \$5.00 charge per certificate. If the training you attended was over 1 year ago, there will be a \$10 charge per certificate to reproduce your certificate. If the course was attended prior to 1998, please contact the office directly for information. All charges are **non-refundable** and include research costs, cost of certificate, and S&H. Please allow 4-6 weeks for processing. Additional charges may apply if extensive research is required to complete this request. **There is no guarantee that a certificate will be able to be replaced.** Payment must accompany this request. Payment can be made by checks payable to ICISF in US Funds or by Visa, Mastercard, or American Express. Please fax or mail **completed** form to ICISF.

Credit card #: _____ Exp. Date: _____

Card Holder's Name: _____

Signature: _____

For Office Use Only:

Date Received: _____ Date Completed: _____ Initial: _____

Course verified: _____

Additional Comments: _____