

“INSTRUCTOR” COURSE FUNDS REPORT *and* COURSE LOG
\$90 each to be invoiced at this time for/to each Instructor Candidate - “New Instructor” fee

Instructor Trainer’s Name: _____ Phone #: _____

COURSE INFORMATION

Course Date: _____ # of Instructor Candidates @\$90 : _____

Course Location - City: _____ Province: _____

\$90/candidate to be invoiced to Instructor Trainer \$90 each to be invoiced to instructor candidates

INSTRUCTOR CANDIDATE(S) LOG

Instructor Candidate Name:		
Address:		
City:	Prov:	Postal Code:
Phone #:	Primary Email:	
Nena Expiry:		

Instructor Candidate Name:		
Address:		
City:	Prov:	Postal Code:
Phone #:	Primary Email:	
Nena Expiry:		

Instructor Candidate Name:		
Address:		
City:	Prov:	Postal Code:
Phone #:	Primary Email:	
Nena Expiry:		

Instructor Candidate Name:		
Address:		
City:	Prov:	Postal Code:
Phone #:	Primary Email:	
Nena Expiry:		

Please submit this form via email: ctas@caep.ca, or mail: 509-350 Sparks St., Ottawa, ON, K1R 7S8

For questions contact Sandy Niemczak, CTAS Coordinator: 1-613-523-3343 x 18

