



NOVA SCOTIA CCA PROGRAM ADVISORY COMMITTEE
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Application for Replacement of Continuing Care Assistant (CCA) Certificate

In order to obtain a reprint of a CCA Certificate please fill out the following form in full and submit to CCA Administration (address above) along with reprint fee-cheque or money order payable to **Health Association Nova Scotia in the amount of \$28.75 (\$25 + HST).**

Please note replacements will not be reissued for change of name. Reprint requests may take between 4-6 weeks to process once request/form and payment has been received.

eTransfer to : Deposits@healthassociation.ns.ca

(in the Message line – note your full name & CCA Certificate Replacement)

Name at Date of Certification: _____

Date of Birth: _____ Phone Number: _____

Mailing Address: _____

Email: _____

Educational Institution/Campus: _____

Course Date: _____

Year of Graduation: _____

Date: _____

Signature: _____

<i>For Office Use only:</i>	
<i>Date Form & Payment Received:</i>	<i>Payment Form and Amount:</i>
<i>Date Certificate Sent to DHW:</i>	<i>Date Certificate Mailed to CCA:</i>