



St. John Ambulance Therapy Dog Re-Certification Seminar Application

To: Provincial Evaluator
 St. John Ambulance
 Council for Ontario
 46 Wellesley St. East
 Toronto On M4Y 1G5

Tel: (416) 923-8411
 1-800-268-7581
 Fax: (416) 923-4856

Name of Applicant: _____ Address: _____

Unit/Branch: _____ City: _____

Phone (Home): _____ Postal Code: _____

Phone (Work): _____ Fax: _____

Position currently held: (e.g. Evaluator, Ass. Evaluator, Coordinator other): _____

Position applied for: _____

Length of Service with St. John Ambulance: _____

Number of evaluations conducted or assisted with last year: _____

Number of dogs evaluated last year: _____

Date of Session you are planning to attend: _____

Comments or Topics you would like to discuss at the seminar: _____
