



# CERTIFICATE REPLACEMENT REQUEST FORM

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Use this form only if you are requesting a replacement for your registration/license certificate or a True Authorized Duplicate of the original.

## REGISTRANT CONTACT INFORMATION

Last Name:

Registration Number:

First Name:

Phone:

Address:

Email:

Community:

Postal Code:

Please indicate which certificate you are requesting. If you are ordering a True Authorized Duplicate certificate, please specify how many you require.

**Original Certificate Replacement**

**True Authorized Duplicate**

All certificate requests must include the non-refundable processing fee of \$10.00 per certificate as indicated in the Schedule of Fees (S-01.0) sent via e-transfer to: [finance@nscct.ca](mailto:finance@nscct.ca) and by cheque or money order payable to Nova Scotia College of Counselling Therapists.

**Only complete applications will be considered. Applications will not be processed prior to payment in full.** Please remit this form to [info@nscct.ca](mailto:info@nscct.ca)

## ATTESTATION:

I \_\_\_\_\_ (print name) understand that True Authorized Duplicates are issued in compliance with and for the purpose outlined in Policy-02.0 *Representation of Professional Qualifications*, and that each certificate (including the original) remains the property of NSCCT.

Signature:

Date: