

Personal Information

Mr. Ms. Miss Mrs.

_____|_____|_____
First Name Initial Last Name

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Advocis ID No. (if applicable)

Mailing Address

This address is:

Business

Home

Company Name			
Street Address	City	Province	Postal Code
Business Telephone	Fax	Email Address	

CHS Designation Reinstatement Affirmation

- I hereby apply for reinstatement of authorization to use the CHS designation and have read the reinstatement policy.
- I understand that The Institute Trustees may reinstate a CHS practitioner's right to use the CHS designation either on a conditional or unconditional basis.
- I understand that only those practitioners reinstated and, therefore, authorized by The Institute, may hold themselves out as a CHS designation holder.
- I have attached a written summary outlining my practice during my absence, including other useful information I feel pertinent, including reasons as to why my CHS Designation lapsed and/or why I cancelled my CHS Designation.
- I hereby attest that I have maintained Continuing Education (CE) during my absence from The Institute. I have enclosed written proof of all CE hours completed during this time and attest that the enclosed documents are accurate and true.

Signature _____

Date MM/DD/YYYY

CHS Designation Reinstatement Policy

Reinstatement Policy

For lapsed designation holders applying for reinstatement, continuing education must be completed during the period of a lapsed designation and proof of completed CE must be provided before reinstatement will occur.

If a lapsed designation holder applies for re-instatement after having left The Institute, the following applies:

For all who apply for reinstatement and who have been absent for **three years or less**:

- Proof of the required continuing education credits taken during that period must be submitted with the application for reinstatement.
- Those applying for reinstatement will be required to pay the appropriate administration fees.

2018 Annual maintenance of the CHS designation includes:

- an annual fee of \$193 plus applicable taxes
- adherence to The Institute Code of Professional Conduct, and
- a minimum of 10 continuing education (CE) credits each calendar year. Each hour of CE credit must be approved by The Institute in order to qualify as a CE credit. Any deficiency in one year must be made up by the end of the next calendar year, in addition to the full year's necessary requirement of CE credits.

Reinstatement Application

All questions contained in this form must be answered in order for the CHS designation to be reinstated for the 2018 year. Failure to properly and fully complete this document, including the submission of payment for the required fees, will result in an incomplete submission. This will in turn delay the reinstatement of the CHS marks and usage rights.

The term for the CHS marks and usage rights are granted for a one-year basis and expires by the end of the day December 31 of each calendar cycle. A CHS designation holder who fails to meet all continuing obligation requirements risks having his or her designation revoked due to non-compliance.

For more information please visit www.iafe.ca or email: info@iafe.ca

