







OMHA DEVELOPMENT PROGRAMS APPLICATION FOR CONVERSION OF HDCO HTCP ONLINE CERTIFICATION Submit to:

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TRAINER (HTCP) CERTIFICATION (Check Applicable Areas)			
TRAINER (TTO) CERTIFICATION (CHECK Applicable Areas)			
HTCP LEVEL 1 ONLINE REFRESHER HTCP LEVEL 1 ONLINE CERTIFICATION			
NAME:			
MAILING ADDRESS:			
	City/Town	Province	Postal Code
TELEPHONE:			
TEEL HOME.	Home	Business	Fax
DATE OF BIRTH:	E-MAIL ADDRESS:		
CUIDDENIT TEAMAAC	(dd/mmm/yy)		
CURRENT TEAM/ASSOCIATION:			
CERTIFICATION DOCUMENTATION SUBMITTED (MUST BE INCLUDED WITH THIS APPLICATION):			
PROGRAM CERTIFICATION FROM HDCO			