

**CANADIAN HEALTHCARE CONSTRUCTION CERTIFICATE  
RENEWAL FORM**

Name: \_\_\_\_\_  Mr.  Ms.  Dr.  
Surname First name

Institution/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
city province postal code

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Date of previous course: \_\_\_\_\_

If you are a CHES Member please provide your member number: \_\_\_\_\_

**Renewal Requirements:**

- Completed renewal form
- Payment of \$100 plus tax renewal fee
- Submission of proof that the 15.0 contact hours of approved courses have been acquired. Please provide documentation with the renewal form.
  - List courses/conferences giving the number of contact hours
  - Include a certificate of attendance for each course/conference
  - Courses not on the list of approved courses that are submitted for consideration should include the name and content of the course, sponsoring organization, faculty credentials, and url.

**Renewal Fees:**

Certification renewal fee                      \$        100.00

HST (13%)    \$        13.00

**TOTAL PAID:**                                        \$ \_\_\_\_\_

**I attest that everything listed within this application is both truthful and accurate, and I have completed all the necessary requirements for renewing my Healthcare Construction Certificate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment by bank transfer in CAD**

Account Name: Canadian Health Care Engineering Society  
Bank Transit Number: 26962  
Institution: Number: 004  
Account Number: 03590315194

If you would like to pay by credit card, please contact [info@ches.org](mailto:info@ches.org) to request a payment link.

**Wire Transfer Details:**

Swift Code: TDOMCATTOR  
**Bank**  
TD Canada Trust  
94 Princess Street, Kingston, ON, K7L 1A5

**Account Holder**

Canadian Health Care Engineering Society  
4 Cataraqui Street, Suite 310, Kingston, ON, K7K 1Z7