

Virtual Certificate of Recognition™ (COR™) Training Registration Form



The NLCSA is pleased to offer our flagship Certificate of Recognition™ (COR™) training program in a new virtual format! Training involves the completion of 3 virtual, instructor-led modules, along with the NLCSA's online Harassment training, over the course of a month.

Monthly Group Schedule:

Week 1: Monday – Module 1

Week 2: Tuesday & Wednesday – Module 2

Week 3: Thursday - Module 3

The NLCSA's online Harassment training must be completed independently, at some point throughout the month.

The Details:

- Participants who complete the COR™ training will also receive OHS Committee and Supervisor Health and Safety Certification.
- The modules must be completed in the order scheduled.
- Participants are expected to complete all modules, as scheduled. Should a participant be unable to complete all modules within that timeframe, due to an unforeseen circumstance, they may be registered to complete the remaining modules in the next available course. Should a participant be unable to complete all training within a 90-day period, they will be required to start the training program from the beginning.

Completion of the Virtual COR™ training program is the first step in the COR™ Certification process. An organization will not be eligible to receive a Letter of Good Standing under the COR™ Program unless they:

- a) are a Member or Associate Member and
- b) have developed, implemented, and audited a Health and Safety program that meets the COR™ standards.

Please complete and return this form prior to the course date. Course fees must be paid in full prior to the registration. ***We require 48 hours (two business days) notice for cancellation of training or charges will be incurred.***

Please note: As this program is delivered virtually, all participants must have access to a webcam, speakers, microphone and reliable internet connection. This training is designed to be delivered using a laptop or desktop and webcam, mobile devices are not supported at this time.

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COMPANY INFORMATION (Please Print)

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

Email: _____

For processing you must attach proof of the company WorkplaceNL Firm # and NIC Code

STUDENT INFORMATION (Please Print)

First Name Middle Initial Last Name

Date of Birth (to ensure record integrity) _____
Year/Month/Day

Personal Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone (H): _____ Phone (C): _____

Email: _____

I would like to register for the Virtual COR™ group, starting on: _____ (Date)

I have read and understand the course expectations outlined on page 1 of this form.

Signature: _____ Date: _____

Name (Printed): _____

Please return to NLCSA by fax (709) 739-7001 or email info@nlcsa.com

Personal information is collected for accuracy of training records. It is only shared with WorkplaceNL with respect to courses that are mandated by WorkplaceNL and recorded in the Certification Training Registry. Personal information will not be released under any circumstances to other third parties.

For NLCSA Use Only:

Online Harassment Registration #: _____ Password: _____

Date Issued: _____ Issued By: _____