



**FIRE ALARM TECHNOLOGY PROGRAM COURSE EXEMPTION APPLICATION FORM**

An HSMC student may be granted an exemption for one or more of CFAA Modules 1, 2, 3 and 4. Exemptions are based solely upon courses that have been previously completed through the CFAA or at a College, University or Trade School level. HSMC requires a minimum grade of **60%** in order for exemptions to be considered. **Work experience and High School courses are not grounds for an exemption.** There are no exceptions to this policy.

Each student will be assessed on an individual basis. Required documentation for an exemption is:

- a CFAA certificate, **OR**
- a photocopy of the official course transcript, and a copy of the course outline, **OR**
- a copy of an electrician’s wallet license.

The fee for exemption requests not based on CFAA exemptions is \$50.00 (plus tax – see table below).

PROVINCE/TERRITORY	GST/HST	QST	TAX	TOTAL
Ontario	13%		\$6.50	\$56.50
Quebec	5%	9.975%	\$7.49	\$57.49
New Brunswick, Newfoundland/Labrador, Nova Scotia, PEI	15%		\$7.50	\$57.50
All Other Provinces and Territories	5%		\$2.50	\$52.50
Outside Canada		0%	\$0.00	\$50.00

This is a onetime fee and is non-refundable. Exemptions cannot be processed without this form, the fee payment, and student’s documentation, which should be sent to: Health and Safety Management College, 100 Bronte Rd., Unit 11 Box #316, Oakville ON L6L 6L5 or info@hsmcollege.ca

- I hereby apply for exemption from:
- CFAA Course 1: Introduction to the Fire Detection and Alarm Industry
  - CFAA Course 2: Written & Verbal Communications
  - CFAA Course 3: Basic Electricity
  - CFAA Course 4: Basic Electronics (Life Safety Systems Electronics)

**Personal Details: (Please ensure all fields are completed)**

Name of Applicant:				
Street Address:				
City:	Province	Postal Code		
Home Phone:	Email:			

**Payment Options**

Cheque or money order payable to “Health and Safety Management College”  
Interac e-transfer sent to [Accounting@hsmcollege.ca](mailto:Accounting@hsmcollege.ca)  
Credit Card (Visa, or MasterCard)

Credit Card Number	Expiry (mo/yr)	CVC	Name on Card
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**Signature:**

**Date:**