



HEALTH and SAFETY management college

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, 1 CRESCENT ROAD, HUNTSVILLE, ONTARIO P1H 1Z6 OR** Email: b.mcdonald@hsmcollege.ca.

I hereby apply for exemption from:

- CFAA Course 1 Introdⁿ 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
Credit Card (Visa, or MasterCard)

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

Date: