



**Advanced Competency - 2**

**Advanced Competency - 3**

If you are renewing more than three Advanced Competencies, please complete another page.

Please indicate here if there are any Advanced Competencies you DO NOT wish to renew.

Signature:

By typing your name here, you agree that your electronic signature is the legal equivalent of your manual signature on this document.

Please email the completed form to [programs@caslpm.ca](mailto:programs@caslpm.ca).