

**Form 4C – EMPLOYER LETTER OF ATTESTATION**

**IPAC Canada CIC® or LTC-CIP® Certification Award Application**

**Please provide the following information on employer letterhead.  
SAVE THE COMPLETED LETTER AS A PDF, WHICH YOU WILL UPLOAD INTO THE SYSTEM**

Supervisor/Director Name Click or tap here to enter text.

Title Click or tap here to enter text.

Employer Click or tap here to enter text.

Address Click or tap here to enter text.

Click or tap here to enter text.

Telephone Click or tap here to enter text.

Email Click or tap here to enter text.

I hereby attest that Click or tap here to enter text. (employer) is unable to provide financial support of certification (CIC® or LTC-CIP®) examination or renewal fees for Click or tap here to enter text.

(name of employee).

Signature

Date