

UBCP/ACTRA

[Insert Facility Letterhead Below or paste form onto
headed word document]

SCHEDULE "B"

CERTIFICATION OF ATTENDANCE IN A LICENSED AND/OR ACCREDITED SUBSTANCE USE TREATMENT FACILITY

I hereby confirm that, _____, is attending, or is scheduled to attend,
(Member Name)

_____, a licensed substance use treatment facility in
(Name of Facility)

_____. Treatment began, or will begin, on _____.
(Province/State) (Date)

Dated this _____ day of _____, 202_.
(number) (month) (yr)

Name

Specialty

Signature

Registration Number