

1. “Pre-authorization for Outside Accredited Programs” must be completed, submitted and approved by the Director of Education PRIOR to program commencement.
2. UA Contractor Forms available from the education department upon request.
3. To obtain Pre-Authorization, the following must be submitted:
 - Completed Pre-Authorization Form
 - Course Description complete with cost from training provider

Documents must be sent to the APTC – Nancy Fontes -
at nancy.fontes@ept488.ca to be approved.

4. UA Member must be a member in good standing for a minimum of one (1) year.
5. Local Union 488/Edmonton Pipe Trades Educational Trust Fund must have received or be currently receiving employer contributions on behalf of member.
6. Programs must be trade-related as determined by the Edmonton Pipe Trades Educational Trust Fund Trust document.

CONTRACTOR REFUND POLICY

1. Refunds will only be issued upon receipt of the following:
 - a. Tuition Receipt from institution
 - b. Certificate or final marks showing a passing grade
 - c. Applicant must attend a minimum of 80% of the class and obtain a passing grade.
 - d. Any and all other documentation as requested by the Trustees at time of approval.
2. If approved, refunds apply to tuition costs ONLY (book costs, travel, etc. not included). Refunds will be reimbursed in Canadian Funds.
3. Refunds will be issued either in part or in full as determined by the Education Trustees at time approval.

PLEASE NOTE: This is a synopsis of the Edmonton Pipe Trades Educational Trust Fund Regulations only. If further clarification is required, please contact Nancy Fontes – Office Manager - in the Education Department.



CONTRACTOR PRE-AUTHORIZATION
FOR OUTSIDE ACCREDITED
PROGRAMS - TRADE RELATED



Name: _____ UA Card # : _____

Address: _____

City & Province: _____ Postal Code _____

Email: _____ Phone #: _____

Course Name: _____ Cost: _____

Members name/ UA Card # :

Members name/ UA Card # :

Four horizontal lines for member information.

Four horizontal lines for member information.

OFFICE USE ONLY

Approved : Yes/No _____

Full Refund : Yes/No _____ Partial Refund: Yes/No _____ Refund Amount: _____

Invoice Received (Y/N) : _____ Certificate Received (Y/N) _____

Date : _____ Cheque #: _____ Approved by: _____