

Cabinetmaker 2015

Recognized by the Provincial Apprenticeship Committee for the Cabinetmaker trade on June 8, 2015

Successfully Completed ✓	Course Code	Course Name
<input type="checkbox"/>	CMA3900	Apprenticeship Safety
<input type="checkbox"/>	CMA3400	Properties of Wood
<input type="checkbox"/>	CMA3405	Processing Lumber
<input type="checkbox"/>	CMA3410	Adhesives & Fasteners
<input type="checkbox"/>	CMA3415	Abrasives & Joinery
<input type="checkbox"/>	CMA3420	Hand Tools 1
<input type="checkbox"/>	CMA3425	Hand Tools 2
<input type="checkbox"/>	CMA3430	Electric & Air Tools
<input type="checkbox"/>	CMA3435	Power Saws
<input type="checkbox"/>	CMA3440	Tooling Equipment
<input type="checkbox"/>	CMA3445	Band Saws & Planers
<input type="checkbox"/>	CMA3450	Drafting Basics
<input type="checkbox"/>	CMA3455	Drawing & Cutting Lists
<input type="checkbox"/>	CMA3460	CAD & Print Reading
<input type="checkbox"/>	CMA3465	Trade Mathematics

All courses listed on this CTS Course Completion Record are required and must be instructed by an individual with journey person certification in the **Cabinetmaker** trade, i.e. an individual holding a trade certificate recognized in Alberta.

Courses listed on this CTS Course Completion Record are available at Alberta Education’s website at <https://education.alberta.ca/teachers/program/cts.aspx>. Instructors are obligated to teach the courses as prescribed, approved and authorized by Alberta Education pursuant to the *Education Act*.

I CERTIFY THAT: _____ has successfully completed all courses in the _____
Student Name
 CTS Apprenticeship Pathway for the trade of **Cabinetmaker** on _____
Date
 following the requirements for program recognition and advanced standing as referenced in the CTS Apprenticeship Pathways information document available at <http://tradesecrets.alberta.ca/about-us/forms-and-references/>.

School Name	Phone	School Authority
School Principal Signature	Name of School Principal <i>Please Print</i>	
Secondary Teacher Signature	Name of Secondary Teacher <i>Please Print</i>	
Journey person Instructor Signature	Name of Journey person Instructor <i>Please Print</i>	
		Trade Certificate No.

For Department Use Only	
Approved by AIT Staff	Date

A COPY OF THIS FORM MUST BE RETAINED BY THE APPLICANT