

Visiting Address: 92 Queen Street Charlottetown, PE Canada C1A 7N1 Mailing Address: Box 1436 Charlottetown, PE C1A 7N1 (902) 892-TECH (8324) techpei.ca

Dear Applicant,

The members of Island Technology Professionals appreciate your interest in the Association and would welcome a formal application for membership. In addition to becoming part of a recognized association working for common goals, you will be eligible for group insurance plans, vehicle leasing programs and other discounts arranged for Technicians and Technologists. Certified members of the ITP also have transferability to other provincial organizations at the same certification level.

The ITP is a constituent member of the Canadian Council of Technicians and Technologists (CCTT). This organization is seeking to coordinate the efforts of the Provincial Constituents across Canada and serve as a national voice for over 45,000 Certified Engineering Technicians and Technologists in Canada

Please read carefully the information included in this kit before filling in the application form. It is extremely important for applicants to supply complete documentation for all academic credits. In order to avoid delays, photocopies of diplomas, certificates, and transcripts of courses taken and grades received must accompany the application. Do not send originals; provide photocopies only as we are unable to return them.

A detailed job description is also important. Sometimes applicants shortchange themselves by including a vague summary and assume the Certification Board will understand the full technical content of their position. Do not write a book but avoid being too brief.

Upon completion please forward your application form and all pertinent documentation along with your application fee.

We look forward to your application for membership in the association. If you have any additional questions, please do not hesitate to contact me.

Sincerely,

Troy Livingstone, CET Registrar, ITP



Application Form: Part 1 – Personal Data

I HEARBY MAKE APPLICATION FOR:
NEW MEMBERSHIP
RECLASSIFICATION
REINSTATEMENT

NAME:								
	Last Name	(Please print o	r type)	Given Names				
RESIDENCE:								
	Number		Stre	et				
	City			Province		Postal	Code	
BUSINESS:								
	Company Nan	ne		Street/PO Box				
	City			Province		Postal	Code	
CONTACT:								
	Email			Home Phone		Cell Phone	В	usiness Phone
DATE OF BIRTH								
	Day		Mor	nth	Year			
Are you now, or have elsewhere?	you ever b	een, a mem	ber of an Engi	neering/Applied Scie	ences Technician/Te	chnologist Associa	ation in Canada	, the USA or
If yes, please specify:	Locatio	n:		Date:	Class	sification:	· · · · ·	
DISCIPLINE in w	hich me	mbershi	o is desired	4:				
							Y	
		STRIAL		ATION TECHN	OLOGY		ENTATION	
				UM				
SPECIALIZATION	Ι, ΟΡΤΙΟ	N, etc.: _						

REFERENCES: Provide the names, addresses and business affiliations of at least two persons (preferably Engineering Technologists or Technicians, Professional Engineers or other Professionals) who have a good knowledge of your capabilities and work experience. These individuals may be required to complete a reference questionnaire. These references should be residents of Canada if possible.

1.		
	Name	Professional Designation
	Address	Business
2.		
	Name	Professional Designation
	Address	Business

I hereby certify that the information contained on this form (including any attachments thereto) is true and correct to the best of my knowledge. I have read the ITP Code of Ethics and I agree to abide by them. I understand that any certification of membership issued by the Association remains the property of the Association and shall be returned if my membership should cease for any reason. I hereby recognize the right to wear a Technology Ring is also withdrawn when I am no longer a member in good standing with the Association.

Date:



Application Form: Part 2 – Academic Qualifications

Copies of Diplomas, Certificates, and Transcripts or originals MUST be submitted with the application. Diplomas and Certificates in languages other than English must be accompanied by a translation. The applicant's own translation will normally be accepted.

High School	Location	Graduation Date	Diploma/Grade Achieved

Post Secondary	Location	From	То	Diploma/Grade Achieved

Part-Time Studies	Location	From	То	Diploma/Grade Achieved

EXPERIENCE QUALIFICATIONS

Please provide a chronological list utilizing the following headings for positions you have held (not including your present job)

Dates		Supe	rvisor	Employer		
From	То	Job Title	Name	Title	Name	Location

Please submit a detailed job description in Part 3 of the application for your current position. Your supervisor, manager, or other responsible person must attest to the accuracy of this job description by signing where noted in Part 3.



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Application Form: Part 3 – Technical Experience

The following section relates to your present position. This information is in addition to a complete resume which <u>must</u> be attached to this application (the resume must be complete with details of previous positions held including duties and responsibilities).

PRESENT EMPLOYER:

 City
 Province
 Telephone

 Present Job Title
 Date Started

Describe, in detail, the duties of your present position, the technical competence required, the approximate percentage of time in each major function, and the degree to which you are supervised. (Supervision should be rated on a scale of 1 to 5, where 1=you work under direct supervision; 3=you work under general supervision; 5=you supervise and are responsible for the work of others, and your own work is subject only to indirect supervision). See example below.

DOTIES	FONCTION	76 THVIE	(1 to 5)
e.g.: Design	Design of subdivision roads water, storm & sanitary systems 30 %	3	

Supervisor's Confirmation: From personal knowledge I hereby confirm that the above position description is a fair statement of the applicant's duties, functions and responsibility level.

NAME:	SIGNATURE:
POSITION:	DATE:
COMPANY:	
COMPANY ADDRESS:	

NOTE: Additional references and/or detail may be requested at the discretion of Island Technology Professionals.

Print your name **<u>exactly</u>** as you would like it to appear on your certificate:

Please complete all sections and return with your application fee.



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THE MECHANICS OF CERTIFICATION

Final authority for the registration of applicants is vested in the Council of the Association, which acts on the recommendation of the Certification Board.

The Certification Board is composed of experienced and competent Certified Engineering Technologists and Technicians. The Board is interested in the suitability of academic and experiential qualifications of applicants. The Board meets approximately four (4) times per year to review applications.

PROCEDURES

- 1. The applicant completes and returns the application to the ITP office accompanied by the appropriate fee. The applicant also arranges for confirmation of education to be supplied directly to the ITP office from the institutions(s) attended.
- 2. Upon receipt of the completed application, the ITP office will return a letter of acknowledgement and a receipt for the fee to the applicant as soon as possible. At this time, the ITP office contacts the persons listed as references for verification of experience.
- 3. Upon receipt of the completed application, the file will be forwarded to the Certification Board who will assess a level of membership based on the applicant's educational and experiential qualification. If clarification is required on some aspect of the application, the file may be deferred until the clarification is obtained.
- 4. Upon Completion of the assessment, the file is returned to the ITP office where the letters of reference are inserted and the file is then ready for submission to the Council of the Association.
- 5. The Council reviews the recommendation of the Certification Board and the letters of reference to satisfy themselves of the suitability of the applicant's character and integrity for membership in the Association. If the Council is dissatisfied with any aspect of the application, the application may be deferred for clarification. If academic or experiential qualifications are not satisfactory, an appropriate recommendation is made and the applicant is notified.
- 6. If the Council is satisfied with the applicant's qualifications, a recommendation for certification (either Technician or Technologist) and the applicant's file is returned to the ITP office.
- 7. The applicant is advised of the Council's decision by letter.

<u>TIMING</u>

When documentation is complete, at least three (3) months are required to process an application through the Certification Board to Council. Problems encountered in obtaining replies from references or securing documentation may cause delays in processing the file. Addresses on the application form must be correct and complete and the ITP office should be kept informed of any changes in residence or employment.

Applicants may contact the ITP office for status of their application but should wait at least one month after receipt of the letter acknowledging receipt of their application

RECLASSIFICATION

Reclassification for Technician to Technologist level may be recommended for member, after a letter of application has been received by the office and the fee has been submitted. The Certification Board and Council will review the application in light of their recommendations for academic upgrading and taking into account the additional practical experience gained.

APPEALS

Any applicant may appeal the decision of Council or the Certification Board. This may be in connection with:

- a) Failure to gain certification at any level;
- b) Dissatisfaction with the level of certification awarded;
- c) Disagreement with the recommended upgrading program;

In all cases, the only appeal recognized will be through letter to the Island Technology Professionals Registrar stating the nature of the appeal and the grounds on which the appeal is made. At this time, supporting documentation must be submitted or in the case of (c), a preferred alternative program of study with outlines of the course content, duration and level of study.

SPECIAL CONSIDERATION

Notwithstanding the usual qualification for certification, there are cases where certification or reclassification by Special Consideration is recommended. It is emphasized that each case will be looked at on its own merits by the Certification Board.

PROFESSIONAL ADVICE

It is the policy of the Association that all members should seek to upgrade themselves in their profession and, where possible, advice with be available from the association upon written request.