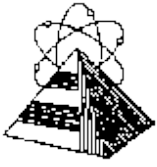


The Institute of Chartered Technical Practitioners of Canada L'Institut des Practiciens Techniques Agréés du Canada



Founded in 1954, Incorporated by Federal Charter 1979

I _____ wish to apply for admission into the Institute of Chartered Technical Practitioners of Canada. I agree to accept the decision of the membership committee in their classification of membership, should I be elected. I also agree to support the Institute to the best of my ability, and to comply with the requirements of its Constitution and By-laws. I will endeavor to give all honorable assistance to my fellow members and uphold the Institute's Code of Ethics and Conduct.

First Name _____ Surname _____
 Address _____ City _____ Country _____
 Postal Code _____ Place of Birth _____ Date of Birth _____
 Work Phone Number () _____ - _____ Fax Number () _____ - _____
 Home Phone Number () _____ - _____ E-mail Address _____
 Date _____ Applicant's Signature _____
 Month Day Year

The appropriate **Application fees must** accompany the application and sent to: **Secretary, The Institute of Chartered Technical Practitioners of Canada, 1800 Sheppard Avenue East, P.O. Box 55036, Toronto, Ontario, Canada M2J 5B9**

Submitted Application **without** the prescribed fees will not be processed. Please see page (3) for applicable fees. Type or print all information requested. Submissions must be **clear** and **legible**. Hand written is acceptable, if it meets the criteria of legibility.

EMPLOYER'S INFORMATION

Name of Present Employer: _____
 Address: _____
 Telephone Number: _____ Name of Immediate Supervisor: _____
 Immediate Supervisor's E-mail Address: _____
 Current Position: _____ Position Held from _____ to _____
 Employer's Services: _____

Give a brief description of your present employer, position and indicate degree of responsibility or authority. Use additional sheets for employment history or attach a CV/Resume.)

		EDUCATION
Date		NAME OF SCHOOL & ADDRESS
From	To	
APPRENTICESHIP / TECHNICAL OR EQUIVALENT		
HIGHER EDUCATION (Include Certified Photostats of Diplomas/Degrees)		
OTHER TRAINING		
MEMBERSHIP IN OTHER PROFESSIONAL ORGANIZATIONS / SOCIETIES (Include Photostats of Membership Certificates)		

APPLICATION CHECKLIST

- I have fully completed the Application Form

- I have enclosed all required documents

- I have enclosed all my certified/authenticated diplomas/degrees/certificates

- I have enclosed two Passport size color photos of myself (computer generated photos, digital, scanned, photocopied or reproduced copies will not be accepted)

- I have enclosed my one-time Application Fee in the amount of \$ _____

Please Note:

- 1) A certificate will not be issued to applicants until the application form, application fee, official transcripts, certified degree(s) /diploma(s), and two passport size color photographs have been received by our office.

- 2) You do not have to submit any Membership Fees until the Institute has invoiced you. Once our offices have received the membership fee, a Certificate of Registration/Membership will be issued to you. Please allow 2 to 3 weeks for processing and shipping after approval of admission.

DO NO WRITE OR AFFIX ANY DOCUMENTS OR PHOTOS BELOW THIS LINE

For Board Use ONLY

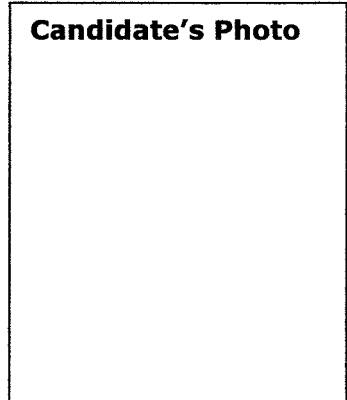
- | | |
|--|--|
| <input type="checkbox"/> Application Form is completed | <input type="checkbox"/> Application Form Incomplete |
| <input type="checkbox"/> All documents received | <input type="checkbox"/> Payment received |
| <input type="checkbox"/> Applicant Informed of Missing Documents | <input type="checkbox"/> Payment Not received |

- Application received on :

- Application Examined on :

- File Number :

- Application Examined on :



Additional Comments: _____

FOR THE EXAMINATION COMMITTEE – DO NOT WRITE ON THIS PAGE

Name of Applicant: _____

Application No: _____

Date: _____

REVIEW OF APPLICATION FROM THE ABOVE CANDIDATE:

A: The Examination Board, having studied the submission made by the candidate, feels that it will be necessary for him/her to take an examination, at a date to be arranged within _____ days of this review, in the following subjects: _____

For the Examination Board

Date:

B: The candidate was examined, as above, on:

For the Examination Board:

Date:

C: The Examination Board, having studied the submission made by the candidate, has waived the requirements of taking an examination and, accordingly, proposes that he/she shall be classified as:

Specialization:

For the Examination Board:

Date:

D: The Examination Board, having studied the submission made by the candidate meticulously, regrets that it is unable, at this date, to make any recommendation for membership in the Institute.

For the Examination Board:

Date:

E: The Executive has reviewed the findings of the Examination Board and has decided that the candidate shall/shall not be accepted as a member in the grade of: _____
and was Registered as: _____
in the following field : _____

For the Examination Board:

Date:

EXAMINATION COMMITTEE

Registrar: _____

Executive Director: _____

Date: