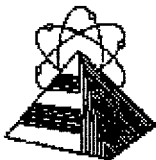


# The Institute of Chartered Technical Practitioners of Canada

## L'Institut des Praticiens Techniques Agréés du Canada



Founded in 1954, Incorporated by Federal Charter 1979

I, the below-mentioned candidate, wish to apply for admission to 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.)

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		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)		

## TECHNICAL DESIGNER MEMBERSHIP AND APPLICABLE FEES

I am a new Applicant and I hereby apply for and to be registered as:

Technical Designer (TecD)

**Yearly Membership Fees for New Applicants:** *(do not submit THE MEMBERSHIP fees until invoiced)*

Technical Designer	Yearly Membership Fees	\$ 100.00 Canadian Dollars
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**APPLICATION AND PROCESSING FEES:** *(one time fee MUST accompany your application)*

Technical Designer	Application Fee	\$ 50.00 Canadian Dollars
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Please remit by Cheque, Certified Cheque, Money Order/Money Gram made payable to the Institute of Chartered Technical Practitioners of Canada [ICTPC]. The Application fee is subject to change at the Board's discretion and is non-refundable.

**NOTES:** Applicants must verify that all degrees/diplomas were conferred, by arranging for an official transcript and/or mark sheets to be mailed directly from the University/College to the Registrar's Office unless such certificates/diplomas are certified. If any of your degrees are from foreign, non-accredited programs, your transcripts will be evaluated against an accredited standard approved by the Board of Examiners.

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

### CONDITIONS FOR MEMBERSHIP APPLICABLE TO ALL NEW MEMBERS

1) ALL new Applicants must write and pass the Institute's Ethics 101 Examination unless such applicant has written and passed an equivalent exam through another organization/association acceptable to the Examination Committee of the Institute – Please refer to the Ethics 101 Examination Fees and Application on our website: [www.ictpc.ca](http://www.ictpc.ca)

2) ONLY where applicable, New Applicants might be required to write certain Technical Examinations or Technical Reports for the purpose of upgrade or certification in their own specified and specialized field of knowledge, expertise and practice. ALL applications are treated in strict confidence and are reviewed on a one-to-one basis according to their specialized technical knowledge. Please refer to specific Technical Examination Fees, Reports and Applications on our website: [www.ictpc.ca](http://www.ictpc.ca)

I \_\_\_\_\_ hereby acknowledge and abide by the Board's decision pertaining to the above conditions. I also understand that the one time, designated application fees are non refundable in case I decide to decline membership in the Institute.

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Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

## 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.

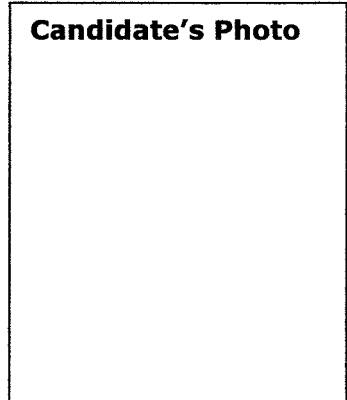
**DO NO WRITE OR AFFIX ANY DOCUMENTS OR PHOTOS BELOW THIS LINE**

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### 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: