

Building Accessibility Excellence Assessor Certification Program Application Form

Session Dates _____

Time: 9 - 4 p.m. both days

Fee: \$3500 plus HST (includes Assessment Equipment)

Payment Method: Attach a cheque to the application form - payable to "Excellence Canada" (HST# 136725413) or make a phone call to use a credit card

Location: Excellence Canada, People Access division
402-154 University Avenue, Toronto, ON M5H 3Y9 Ph: 416-251-7600 x224

Minimum Eligibility Requirements: Post-secondary education and 5 years' experience in the facility, building management profession or equivalent experience.

Acceptance into the Certification Program: Applicants accepted into the program will be notified within 2 weeks of receipt of application. If accepted, the attached cheque will be deposited. If not accepted, the entire application package will be returned to the applicant.

Please complete all fields, attach your resume and cheque, and submit the application form to People Access at the above address.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Daytime Phone: _____ Cell Phone: _____ Email: _____

Company Name: _____

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Education

University: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____



Certifications, Licenses, and Designations

Certification/Designation/License	Company/Organization	Location	Year Completed

Work Experience

How many years have you worked in the facility, building management profession? _____

Do you meet the minimum eligibility criteria to be a building accessibility assessor? YES NO

References

Please list three professional, work-related references:

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Email: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I acknowledge that by providing contact information for my references that I am giving consent for my references to be contacted in regard to my work experience. I am aware that if I do not meet the minimum eligibility criteria I may not be considered for the Building Accessibility Assessor Certification Program.

Signature: _____ Date: _____

To learn more about the program,

please contact :

Email: russ@excellence.ca

T: 416-251-7600 ext. 224

F: 416-251-9131

March 2015