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### 3 - Post-Secondary Education Information

Please provide information on all post-secondary **degree** credentials you currently hold:

Degree(s):	Institution:	Year Conferred:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**NOTE:** You will be required to have Official Transcripts from the Institution(s) where you received any university degree(s) sent directly to the Professional Standards Board in conjunction with this application. To permit us to begin the evaluation process, you may attach a photocopy of your degree(s). However, your status as a candidate cannot be confirmed until we receive your transcripts.

If you received your degree(s) from a university **outside Canada**, you will be required to have your degree credentials assessed by a designated foreign credential evaluation service, and have that assessment report sent directly to the Professional Standards board.

Please provide information on all other post-secondary credentials you currently hold:

Other Credentials(s) (Diplomas, etc.):	Institution:	Year Conferred:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**NOTE:** PSB recognizes foreign credential evaluations from two sources:

- Canadian Information Centre for International Credentials, Toronto, ON / [www.cicic.ca](http://www.cicic.ca).
- International Qualifications Assessment Service (IQAS), Edmonton, AB / [www.learning.gov.ab.ca/iqas](http://www.learning.gov.ab.ca/iqas)

However, your application for assessment cannot be confirmed until we receive your transcripts.

### 4 - Planning Work Experience Summary Information

Please provide summary information on your current and recent or previous **planning work**:

Position Title / Role:	Employer / Organization:	Years From-To:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

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## 5 - Mentor Information

Please indicate the name of the CIP Full Member you have identified and who has agreed to serve as your Mentor:

Name: \_\_\_\_\_  
Last name First name Initial

**NOTE:** Please consult the **Prospective Membership Guide** for details on the role of the Mentor.

## 6 - Sponsor Information

Please indicate the name of the CIP Certified Member you have identified and who has agreed to serve as your Sponsor:

Name: \_\_\_\_\_  
Last name First name Initial

**NOTE:** Please consult the **Prospective Membership Guide** for details on the role of the Sponsor.

## 7 - Checklist of Enclosures / Supporting Documentation

Please ensure that you have completed this form fully, including all required supporting documentation:

- Payment of Applicable Assessment Fee(s) - *See fee and payment schedule below*
- Employment Letter & Job Description - *To be sent directly by Employer to PSB*
- Official University Degree Transcripts - *To be sent directly by Institution to PSB*
- Foreign Credential Evaluation Report - *To be sent directly by Evaluation Service to PSB (if applicable)*
- Foreign Professional Membership Confirmation - *To be sent directly by organization to PSB (if applicable)*
- Confirmation of PTIA Membership – *Please provide your membership number to PSB once it has been issued*

**NOTE:** Our retention policy stipulates that individuals applying for candidacy that do not submit all of their records within a three (3) year window will have their records destroyed at the end of the third year.

**Applicant Certification & Signature:** I certify that the information provided on this form (and in any enclosed or supporting documentation) is accurate and correct. By signing this form, I also understand and agree to the privacy policy regarding my personal information as indicated on the PSB website here: <http://www.psb-planningcanada.ca/PRIVACY/index.php>

**Applicant Signature:** \_\_\_\_\_

## 8- Assessment Fee Payment:

Payment of the applicable assessment fee of **\$375.00 (plus HST/GST\*)** must accompany this application. Payment may be made by cheque, money order — payable to the Professional Standards Board — or by credit card:

Visa  MasterCard Card Number: \_\_\_\_\_ CV: \_\_\_\_\_

Expiry: \_\_ \_\_ / \_\_ \_\_ Name on Card: \_\_\_\_\_

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

NOTE: Fee does **not** include Affiliate/CIP membership, which must be obtained directly from your local Affiliate.

### \* FEE PAYMENT TAX CHART:

\$375.00 + \$18.75 GST = **\$393.75** (if your province or territory of residence is **BC / MB / SK / AB / NU / NT / YK**), or

\$375.00 + \$48.75 HST = **\$423.75** (if your province of residence is **ON**), or

\$375.00 + \$56.25 HST = **\$431.25** (if your province of residence is **NS / NB / NL / PE**)

**GST/HST number:** 847606241

Please send completed form to:  
**Professional Standards Board**  
150 Eglinton Avenue East, Suite 402  
Toronto, ON M4P 1E8

Tel: 647-317-6924  
Toll-free 1-844-202-9002  
Fax: 416-504-3033

Nzinga Brown, Certification Manager  
E-mail: [certification@psb-planningcanada.ca](mailto:certification@psb-planningcanada.ca)