



Log Book Experience Validation Form

Candidate:

Candidate Member Name: _____

Candidate Member Address: _____

Candidate Member Telephone Number: _____

Candidate Member Email: _____

I certify that this Record of Practical Work Experience and all information contained here is accurate and represents a true record of my planning work experience:

Candidate Signature: _____ Date: _____

Sponsor:

Sponsor Name:

Sponsor Address:

Sponsor Telephone Number:

Sponsor Email:

I certify that I have read and reviewed this Candidate Member's completed Record of Practical Work Experience; that I am satisfied that the work described was carried out; and that I am fully satisfied that the reported work constitutes acceptable responsible professional planning experience, as defined by the standards and requirements of the profession; and the length of experience is consistent with the requirement for this Candidate Member:

Signature of Sponsor: _____ Date: _____

Please submit your signed sponsorship agreement and log book once completed to certification@psb-planningcanada.ca

A: Position Details (Print as many copies of this page as you need, and at least one/year):

Position Title/Role: _____

Employer/Organization: _____

Period of Employment: _____ months. From: (Month/Year) To: (Month/Year)

Reporting Relationships: _____

This position reported to: _____

Subordinate positions that reported to this position: _____

Planning Work Experience Summary:

Summary Description of planning work activities & functions) performed:

Summary Description of key projects and / or initiatives undertaken:

B: Practical Work Experience Links to Competencies (Please print as many copies of this page as you need; at least one/year):

Competencies acquired, demonstrated or utilized in position & supporting evidence:

Specific Competency:

Evidence from Work Experience:
