



APPENDIX 6: Confirmation Request Form for Parent Associations

613 - 744 West Hastings St., Vancouver, BC V6C 1A5
 (T) 604-451-4555, (F) 604-451-4558
www.csapsociety.bc.ca

Applicants: **New or Renewing** - Please send one form to each of the Parent Associations of which you are a member (contact info below). It is your responsibility to ensure that your Parent Association(s) returns the form(s) **directly** to the CSAP Society.

Associations: Please complete and return this form **directly** to the Contaminated Sites Approved Professionals Society by email (exams@csapsociety.bc.ca), fax or mail (contact information above); please **do not** return the form care of the Applicant.

TO BE COMPLETED BY THE APPLICANT		
Applicant's Name _____		Date of _____
Parent Association _____		Registration _____
<input type="checkbox"/> NEW CSAP Applicant		<input type="checkbox"/> Renewing CSAP Applicant
TO BE COMPLETED BY THE REGULATORY PROFESSIONAL ASSOCIATION		
Individual is a member in Good Standing <input type="checkbox"/> Yes <input type="checkbox"/> No		
Designation _____		License Number _____
Date professional registration/licensure granted (don't include in-training date) _____		
Has this member ever been subject to any disciplinary <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please complete remainder of Form if NEW CSAP applicant only.		
Please list post-secondary degrees for which the NEW CSAP applicant has provided proof:		
<u>Name of Academic Institute</u>	<u>Type of Degree (e.g., B.Sc.)</u>	<u>Date Degree Granted</u>

EGBC:	Tel: 604-430-8035	www.egbc.ca
BCIA:	Tel: 250-380-9292	www.bcia.com
CAB:	Tel: 250-383-3306	www.cab-bc.org
ACPBC:		www.pchembc.ca