

# Application for Course or Program Accreditation

## Training Provider Contact Information

Training Provider Name				
Mailing Address				
City		Province		Postal Code
Website				

Name of Training Provider Contact Person			
Title of Training Provider Contact Person			
Telephone		Fax	
Best Email Address			

Please Provide Information/Evidence for each of the criteria below. A copy of the Standards has been provided with the application package. You may attach additional documents as reference if desired.

### **STANDARD 1**

<b>Standard 1A</b>	<b>Mission Statement: Please provide a statement of your organization's mission.</b>	
<b>Standard 1B</b>	<b>Goals: Please indicate your organization's short and long-term goals.</b>	
<b>Standard 1C</b>	<b>Planning: Please provide evidence of current and strategic planning for your organization.</b>	

Training Provider Name	
Date	
Initial	

**STANDARD 2**

Standard 2A	<b>Governance:</b> Please indicate the governance model for your organization, as well as the names and positions of key operating officers.	
Standard 2B	<b>Operational Management:</b> Please provide information regarding the day to day operational management of your organization.	
Standard 2C	<b>Personnel Management:</b> Please indicate what policies/procedures govern your organization's hiring and personnel practices.	
Standard 2D	<b>Records:</b> please indicate your organization's policies and procedures regarding corporate and student records and information.	
Standard 2E	<b>Communications:</b> Please provide information regarding on-going internal communication between management, staff and trainees.	
Standard 2F	<b>Professional Relationships:</b> Please indicate all relevant relationships/memberships/accreditations	

**STANDARD 3**

Standard 3A	<b>Stability:</b> Please indicate the founding date of the organization, and milestones along its evolution to the present day, as it relates to the accreditation you seek.	
Standard 3B	<b>Financial Procedures:</b> Please indicate your organization's policy/procedures for handling trainee tuition funds, reimbursement policies, and general accounting practice.	
Standard 3C	<b>Financial Assistance / Scholarships:</b> If your organization offers or administers bursaries, scholarships or other forms of financial assistance, please provide details of these activities.	

Training Provider Name	
Date	
Initial	

**STANDARD 4**

<b>Standard 4A</b>	<b>Educational Goals and Objectives:</b> Please indicate your organization's educational goals and objectives.	
<b>Standard 4B</b>	<b>Program / Instructional Materials:</b> Please indicate the standards used for the development and on-going maintenance of instructional program and materials. Note that the accreditation council may ask for a sample of your program materials (instructor notes, trainee mat'ls, instructional aids) during the accreditation process.	
<b>Standard 4C</b>	<b>Performance Measurements:</b> Please indicate how trainees are evaluated on the program, and how this information is used for program improvement.	
<b>Standard 4D</b>	<b>Curricular Review / Revision:</b> Please indicate policies and procedures for the update and revision of instructional materials	
<b>Standard 4E</b>	<b>Certification and Licensing:</b> If this program is designed to lead toward a licence, certification or designation, please indicate here, along with details of the controlling agencies for those licences/certifications/designations.	

Training Provider Name	
Date	
Initial	

**STANDARD 5**

<b>Standard 5A</b>	<b>Instructional Methods:</b> Please indicate the instructional medium or media used in the program being reviewed, as well as applicable instructional delivery standards employed.	
<b>Standard 5B</b>	<b>Externships / Internships:</b> If the program includes externships/internships, please indicate how these are administered and managed.	
<b>Standard 5C</b>	<b>Equipment / Supplies:</b> Please provide an indication of the type of specialized equipment and/or supplies used in the delivery of the program.	
<b>Standard 5D</b>	<b>Facilities:</b> Please provide information regarding the facilities where instruction takes place.	

**STANDARD 6**

<b>Standard 6A</b>	<b>Qualifications of Instructional Personnel:</b> Please provide information on instructor qualifications as well as resumés for current instructional staff.	
<b>Standard 6B</b>	<b>Supervision of Instruction:</b> Please indicate policies and procedures for the supervision and on-going management of training programs.	
<b>Standard 6C</b>	<b>Instructor Orientation and Training:</b> Please indicate policies/procedures for training and orientation of new instructional staff	

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Date	
Initial	

**STANDARD 7**

<b>Standard 7A</b>	<b>Student Progress: How is student progress measured and indicated to trainees? How is this information used by instructional staff?</b>	
<b>Standard 7B</b>	<b>Attendance: What is the policy regarding attendance and how is it enforced?</b>	
<b>Standard 7C</b>	<b>Participant Satisfaction: Please indicate the procedures used to measure trainee feedback and satisfaction with your program(s).</b>	
<b>Standard 7D</b>	<b>Employer / Sponsor Satisfaction: If trainees are sponsored through the program by their employers, how does your organization measure their satisfaction with graduates?</b>	
<b>Standard 7E</b>	<b>Completion and Placement: How does your organization track placement and retention rates of program graduates? (ie, What percentage of trainees find work in the business, and what percentage are still in the business in the future?)</b>	

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## Section 3 Course Relevance

### Reference – HPI Accreditation Standards FOUR and SEVEN

Please complete a 'HPI Course Accreditation Worksheet' for EACH course that you offer to people working in or interested in the home and property inspection industry

In addition to the worksheet, please provide us with:

- A completed HPI Course Accreditation Worksheet
- A detailed course outline
- Module-by-module statements of learning objectives
- Methods for evaluating trainee performance
- A summary of hands-on training (if any)
- Course instructor resumés
- Examples of instructor's materials
- Example of a recent instructor evaluation/audit

.....for each HPI course your provide

## Consent to Disclosure and Audit

I, \_\_\_\_\_, the authorized representative of the above-named organization, hereby declare that all information contained in this application for accreditation is complete, correct and auditable by the Accreditation Council of the National Certification Authority for Home and Property Inspectors.

Signed at <city> \_\_\_\_\_, <state/province> \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Name & Title \_\_\_\_\_ Witness Name: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Witness Signature

**If you have any questions about this Application, please contact**

Jeff Griffiths Telephone 403 374 1950 Fax 403 637 3800 [jeff@griffiths-sheppard.com](mailto:jeff@griffiths-sheppard.com)

**Please return this completed form (with all attachments) to:**

**Griffiths Sheppard Consulting Group Inc**

**Attention: Jeff Griffiths**

**609 – 14<sup>th</sup> Street NW Suite 400 Calgary Alberta T2N 2A1**

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