

Application for Equivalency Assessment

Organization Name				
Mailing Address				
City		Province		Postal Code
Website				

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

Upon review of your Eligibility Criteria, we believe that our certification program meets some or all of the requirements of the National Certification Program for Home and Property Inspectors, and we wish to make formal application for an equivalency assessment by your organization.

This application is for **(check one, as necessary)**:

- New equivalency
 Renewal or update to an existing equivalency

Part I: General

This application is for the following certification program:

A. History

Month/Year organization established	
We have been providing certification to home and property inspectors since (mm/yy)	
Registration/Business number (please specify)	

National Certification Program for Home and Property Inspectors

Is your organization licensed/registered/chartered as a professional body in the state/province where it is located? If yes, provide details.

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Has your organization's certification program been granted equivalency against any other certifications? If yes, please provide contact information for the agencies that have granted equivalency.

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When were the current certification criteria established ? (mm/yy)

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How many people currently hold the certification?

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How many of these people haven't passed through under the current standard? That is, how many certified members hold their certification based on a different set of criteria? Please explain

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Has equivalency for the above program ever been denied initially or removed (e.g., denial, withdrawal, suspension, revocation, relinquishment) from your institution by this or any other agency?

Yes No

If yes, explain. _____

Has provincial or state licensing ever been removed?

Yes No If yes, explain. _____

B. Governance & Management

Please indicate the legal status of your organization (proprietorship, public or private corporation, partnership, crown corporation, etc)

Please indicate the governance structure of your organization (board of directors, management committee, etc)

Please provide names and contact information for the principal management team for the organization (President, Executive Director, etc).

Name	Position	Phone	Email

Does your organization have a mission or goals statement? If so, please provide a copy below:

Please append the most recent annual plans/reports produced by your organization to this application.

Records

Please provide a statement indicating your organizations policies and procedures for ensuring adequate records for certification are maintained and appropriate privacy laws are respected.

Continuous Improvement

Please provide a statement indicating your organization's formal process for reviewing and improving the certification program.

Personnel

i. Does your organization have formal job descriptions, qualifications and other requirements for individuals (volunteers, employees, contractors) involved in the administration/operation of the certification program.

Yes No

ii. If you answered yes above, please provide copies of the policies, job descriptions, selection criteria etc. in support of the above claim as part of your submission

iii. Please provide copies of the resumés of the current cadre of individuals (volunteers, employees, contractors) as part of your submission.

- **Please provide copies of your organization's policies and procedures related to the administration of the certification program**
- **Please provide a copy of the application form for an individual seeking entry into the certification program.**
- **If your organization uses examiners in the certification program, please provide job descriptions and terms of reference for the activities of these individuals.**

Does your organization provide training related to or required by the certification program?

Yes No

If yes, please provide information related to how your organization ensures that there is a clear separation between the training activities and certification activities of your organization.

How is an individual's competency measured under the certification program?

National Certification Program for Home and Property Inspectors

Application for Equivalency Assessment Page 7 of 8

#	Phase	Description and Purpose	Background & General Education	Technical Training	Experience	Maintenance	Other

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

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

Griffiths Sheppard Consulting Group Inc

Attention: Jeff Griffiths

609 – 14th Street NW Suite 400 Calgary Alberta T2N 2A1