



Prior Learning Assessment and Recognition (PLAR)

1 - Applicant Information

Salutation: Mr. Ms. Dr.

Name: _____
Last name

_____ _____
First name Initial

Business Address:

Organization Name: _____

Street Address: _____

City: _____

Province: _____ Postal Code: _____

Bus. Phone: _____

Bus. Email: _____

Fax: _____

Cell Phone: _____

Home Address:

Street Address: _____

City: _____

Province: _____ Postal Code: _____

Home Phone: _____

Home Email: _____

Fax: _____

Preferred contact: Business Home

2 - Current Professional Work Information

Position Title / Role: _____

NOTE: Please arrange to have your employer send a letter confirming your current employment and job description **directly** to the Professional Standards Board.

3 - Post-Secondary Education Information

Please provide information on all post-secondary 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 application for assessment cannot be confirmed until we receive your transcripts.

If you received your degree(s) from a university outside of 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 - Planning Work Experience Summary Information

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

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

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

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 Mentor and Sponsor.

7 - Checklist of Enclosures / Supporting Documentation

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

- Confirmation of Affiliate Membership — *Please provide your membership number to PSB once it has been issued*
- Portfolio Submission— *See attached sheet, "Submitting your Portfolio Checklist"*

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.

Applicant Signature: _____

8- Assessment Fee Payment:

Payment of the applicable assessment fee of **\$750.00 (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:

\$750.00 + \$37.50 GST = **\$787.50** (if your province or territory of residence is **BC / MB / SK / AB / NU / NT / YK**), or

\$750.00 + \$97.50 HST = **\$847.50** (if your province of residence is **ON**), or

\$750.00 + \$112.50 HST = **\$862.50** (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

Submitting your Portfolio Checklist

- a cover letter – summarize the goal of your submission and your involvement in planning related to your PLAR submission
- request for Portfolio Assessment form
- portfolio with the competency self-assessment and evidence grid and related attachments to demonstrate academic courses and experiences to the competencies
- assessment fee
- resume to support the five years of responsible professional planning experience
- arranging for transcripts to be sent directly to PSB
- evidence of education and authorized verification if presenting a foreign degree
- arranging for a letter of employment in planning to be sent directly to PSB
- detailed and current job description – if applicable
- additional supporting documentation and evidence

Portfolio Format Guidelines

- use a maximum of three pages of evidence per competency sub domain
- limit your portfolio to 60 pages or less
- place your portfolio in a word or PDF file with appropriate sections.

Documents to Submit

- (1) copy of your portfolio and cover letter in word or PDF files
- Request for Portfolio Assessment and payment of the Assessment Fee of \$750.00 plus applicable taxes