



Application for Professional Associate Accreditation

(Must be submitted with the appropriate Examination Fee)

Name: _____

Company: _____

Profession in which the applicant seeks accreditation:		
<input type="checkbox"/> Accounting	<input type="checkbox"/> Certified Engineering Technologist	<input type="checkbox"/> Land Surveyer
<input type="checkbox"/> Alternate Dispute Resolution	<input type="checkbox"/> Condominium Management	<input type="checkbox"/> Law
<input type="checkbox"/> Appraiser	<input type="checkbox"/> Engineering	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Architect	<input type="checkbox"/> Insurance	<input type="checkbox"/> Reserve Fund Study Provider

This is an application for:
<input type="checkbox"/> A first time A.C.C.I. status
<input type="checkbox"/> An additional A.C.C.I. status
<input type="checkbox"/> A renewal of A.C.C.I. status

Professional Members of the Canadian Condominium Institute are entitled to seek accreditation as Professional Associates (A.C.C.I.) by making application for A.C.C.I.

Accreditation is subject to a Professional Member successfully completing a written examination given by the Canadian Condominium Institute. A Professional Member will be entitled to take the examination if approved by the CCI Chapter Board of Directors to which the individual has applied and he/she has accumulated 100 points.

The decision of the Chapter Board of Directors of the Canadian Condominium Institute as to whether a candidate qualifies to take the written examination and whether a candidate has successfully completed the examination, shall be final.

Upon meeting the qualification criteria and successfully completing the ACCI examination, the candidate's name will be forwarded to the National Board. The National Board reserves the right, in its absolute discretion, to refuse the request for accreditation.

Should you wish to seek accreditation as a Professional Associate of the Canadian Condominium Institute (A.C.C.I.), please *complete and return application form to CCI with the examination fee.* (The exam fee will be held pending approval of the application by the Chapter Board of Directors. The applicant will be notified of the status of their application and informed of the next examination date.)

We ask for your indulgence in completing the CCI application for professional accreditation. There are many candidates who will undoubtedly qualify and be accepted as professional associates. However in the interest of fairness, we feel that it is necessary to ask all candidates to complete the form in full. Thank you.

Personal

Surname _____ Given Name(s) _____
Address _____
City _____ Province _____ Postal Code _____
Tel: (_____) _____

Business

Business/Employer _____
Address _____
City _____ Province _____ Postal Code _____
Tel: (_____) _____ Fax: (_____) _____
E-mail: _____
Occupation _____ Present Title _____
Please indicate which address is to be used: Home or Business

1. Professional Condominium Experience (30 to 60 points)
Applicant requires 3 years of professional condominium experience.

Outline your professional work in the condominium industry in the last three years.

2. Other Condominium Experience (20 to 50 points)

Teaching courses (up to 20 points each), attending courses (up to 10 points each), writing articles (up to 10 points), or any combination thereof, all of which must be related to the realm of condominium and approved by the CCI Chapter Board of Directors to which this application is directed.

List data on any position held, or condominium experience which you may consider to be relevant in the establishment of professional membership (ie. consulting, lecturing, technical or scientific papers printed or presented, Chapter or National CCI Board involvement).

3. Details of Education (20 to 40 points)

Successful completion of a CCI sponsored education course or similar program sponsored by an association or professional body recognized by CCI (contact your local CCI Chapter for further information)

Type of School	Name & Location	Attended From – to	Circle Last Complete GR/YR	Course Studied or Diploma/Degree	Obtained Yes No
Secondary			9 10 11 12 13		<input type="checkbox"/> <input type="checkbox"/>
Trade or Technical			1 2 3 4 5		<input type="checkbox"/> <input type="checkbox"/>
Business or Commercial			1 2 3 4 5		<input type="checkbox"/> <input type="checkbox"/>
College or University			1 2 3 4 5		<input type="checkbox"/> <input type="checkbox"/>
Other (Specify)			1 2 3 4 5		<input type="checkbox"/> <input type="checkbox"/>

Condominium related Courses Attended	Year	No. of Weeks	Location

4. Other Information (10 to 20 points)

Outstanding achievement in a condominium field and/or other educational, non-related background.

Certificates, Licences, Professional Qualifications/Memberships

Names and Address of Organization	Aims and Objectives	Grade or Membership and Year Held

Background

List any other information supporting your qualifications:

Interest

Please indicate your reasons for wishing to become a Professional Associate of the Canadian Condominium Institute.

References

Give the names and addresses of two members of CCI, unrelated to you, who are well known to you and could verify the contents of this application

Name: _____ Tel: _____

Address: _____

Name: _____ Tel: _____

Address: _____

Is this your first application for A.C.C.I. accreditation by any Chapter of CCI?

Yes No If no, please indicate the date, place and outcome of previous applications?

Date: _____ Place: _____

Outcome: _____

Do you currently hold an A.C.C.I. designation?

Yes No If yes, please indicate the profession of your other A.C.C.I. status and date granted.

Profession: _____ Date: _____

Are you applying for renewal of A.C.C.I. status?

Yes No If yes, please outline details of the 18 hours of continuing education you have completed in the past 2 years (see A.C.C.I. guidelines)

Date you joined CCI? _____

I hereby make application for Professional Associate status with the Canadian Condominium Institute, which membership the Institute may consider in its sole discretion, having regard to the details provided in this application.

I hereby acknowledge that all of the information in this application is accurate.

I understand that if not accepted I will not be entitled to apply again until twelve (12) months from the date of this application.

My application fee, payable to _____ Chapter is enclosed.

If accepted, I agree to abide by the Canadian Condominium Institute Code of Ethics for Professionals.

Signature:

Date: