A close up of a sign

Description automatically generated

FORM 1: APPLICATION FOR BCASP CERTIFICATION FROM NORTH AMERICAN UNIVERSITY WITH 1200 HOUR INTERNSIP

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City Postal Code

Telephone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please confirm the following documents are enclosed. Applications will not be reviewed until they are complete.**

Non-Refundable Application Fee ($100) payable to BCASP and valid for 3 years

Cheque or money order enclosed  Send via e-transfer to: [secretarytreasurer.bcasp@gmail.com](mailto:secretarytreasurer.bcasp@gmail.com)

Transcripts that shows your degree is conferred

FORM 2: Explanation of Professional Qualifications

Proof of Canadian Citizenship, Landed Immigrant or Work Visa

Evidence that at least 600 hours of your internship was completed in a school setting. Name of school and supervisor including phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FORM 4: Verification of Employment Status (if you have a job – if you do not then your file will be reviewed and a letter of eligibility will be written for potential employers)

Criminal Record Check

Enclosed  being send directly to BCASP

FORM 3: Two Professional References (either send directly by referees or attached in sealed envelope signed on the seal by the referee)

Reference 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, position and address

Reference 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, position and address

PRAXIS – II results:

Included  being send directly to BCASP from ETS

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| Applications will NOT be processed until ALL required items have been received by the  BCASP Membership Secretary  103-522 Edmonton Ave. Penticton, BC, V2A 2H2 |

Notes: