

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

[ ]  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 Secretary103-522 Edmonton Ave. Penticton, BC, V2A 2H2 |

Notes: