



Associate Member Proposed Scope of Practice Development

Name:

OPFA Provisional Member Number:

Proposed Scope of Practice:

Geographical Area:
(e.g. Region of Ontario, specific
counties etc.)

Forest Type :
(e.g. Great Lakes/St.
Lawrence, Carolinian etc.)

Type of Land:
(e.g. Private, Conservation
Authority, Municipal, Crown)

Additional Comments:

Please refer to the [2008 Certification Standards for the Profession of Forestry in Canada](#) to complete this checklist.

Place a check mark in the cell of each Performance Indicator that would be required to work within your proposed scope of practice.

Perf. Indicator→	a	b	c	d	e	f	g	h	i	j	
STANDARD 1											
DC 1											
DC 2											
DC 3											
DC 4											
STANDARD 2											
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STANDARD 7											
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DC 2											
DC 3											
DC 4											

Please email your proposed scope of practice and checklist of required competencies, along with an updated CV to: registration.manager@opfa.ca