

Associate Member

Proposed Scope of Practice Development

Name:

OPFA Provisional Member Number:

Proposed Scope of Practice:

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

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

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

Woodlot Size/Operational Scale:

Time period of forest management plans:

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 3											
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STANDARD 6											
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DC 3											
DC 4											
DC 5											
DC 6											
STANDARD 7											
DC 1											
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