

5. Memberships

Were you previously a member of the OPFA? Yes No If yes: Member # _____

Are you a member of another technical society or professional organization? Yes No

If yes, please specify: _____

6. Post-secondary Education

List degrees/diplomas obtained starting with the most recent (attach a separate sheet if additional space is required): NOTE: Transcripts must be sent directly from the issuing academic institution to the OPFA.

1. _____
Institution Name Province/State, Country

Program Name, Degree/Diploma Received Graduation Month/Year

2. _____
Institution Name Province/State, Country

Program Name, Degree/Diploma Received Graduation Month/Year

3. _____
Institution Name Province/State, Country

Program Name, Degree/Diploma Received Graduation Month/Year

7. Experience

I have submitted a current resume or Curriculum Vitae to the OPFA office.

I understand that I am required to be supervised or informally mentored while attaining the 18 months progressive, relevant experience in accordance with the by-laws and the Criteria for Relevant Experience.

8. Sponsors

I understand that I am responsible to find sponsors and enter into a Mentoring Agreement with each mentor/sponsor at the beginning of the relationship.

I will submit completed and signed Mentoring Agreements to the OPFA office, usually within 30 days of approval as a Provisional member, and within 30 days of any change in mentors.

9. Certification

I recognize that under the *Professional Foresters Act* a person commits an offence if he/she applies for membership by a false or fraudulent representation. I certify that the information provided in this form and in any documents attached is correct, complete and provides full disclosure. I also certify that, if granted membership under the terms of the *Professional Foresters Act 2000* and the by-laws of the association, I agree to abide by the terms of the *Professional Foresters Act 2000* and the association's by-laws (including the Code of Ethics and the Professional Standards of Practice).

Signature of Applicant* : _____ **Date:** _____

Print Name of Applicant: _____

NOTE: A signed and dated copy of this page must be sent by email, fax or mail to the OPFA office, in addition to submission of the completed fillable application form.

10. Application and Membership Fees

Your application package must include the application fee. Your application fee covers the processing of your application and is non-refundable.

The membership fee covers your annual membership and is payable if your application has been approved.

The application and membership fees that apply to each category of membership are listed in the OPFA Fees Schedule and are available on the "Fees" page of the website under Registration. You can pay your fees by mailing a cheque, money order, or MasterCard/Visa information to the address below or by calling in your credit card information to the address or phone number below.

Note: This information is collected by the OPFA under the authority of the *Professional Foresters Act 2000* and will be used to assess the corresponding application for membership.

Completed forms are to be emailed to registration.coordinator@opfa.ca or faxed to the OPFA office at (905) 877-6766, or mailed to the Ontario Professional Foresters Association, 201-5 Wesleyan Street, Georgetown, Ontario, L7G 2E2.

Questions? Please contact the Registration Coordinator by phone: (905) 877-3679 or by email at: registration.coordinator@opfa.ca. Inquiries may also be mailed to the OPFA office at the above address.



PROVISIONAL MEMBER APPLICATION FOR SCOPE OF PRACTICE

This section of the form is optional and applies only to those with the required credentials, who are working in one (or more) of the three areas listed.

Name:

Legal Last Name

Legal First Name

Provisional Member Number:

Scope of practice being requested (please select all that apply):

Managed Forest Plan Approver

I have included documentation confirming that I am an approved MFPA

Certified Tree Marker

I have included documentation confirming that I am a certified tree marker

Forest Bylaw Officer

I have included documentation from my employer confirming that I am working as a forest bylaw officer

You must be able to provide the correct documentation to be eligible to apply for a scope of practice. Applications for a scope of practice which are not accompanied by the required documents will not be considered.

Provisional Member Declaration:

I understand that the Registration Committee must formally approve my scope of practice, and that submission of this form and documentation does not automatically grant me a scope of practice.

I understand that if approved as a Provisional Member (R.P.F. in Training) with a scope of practice I will only be entitled to practice professional forestry as described in my scope of practice without supervision. Any services that are classified as professional forestry by the *Professional Foresters Act, 2000* that are not included in my scope of practice, may only be performed under the supervision of a Registered Professional Forester (R.P.F.), Associate Registered Professional Forester (Associate R.P.F.) with a relevant scope of practice, or equivalent registered forestry professional if working in another province.

I understand that if approved as a Provisional Member with a scope of practice I will be required to confirm annually that I am only providing professional forestry services within my scope of practice independently, and that all other professional forestry services are supervised by an R.P.F., Associate R.P.F. with a relevant scope of practice, or equivalent registered forestry professional if working in another province.

I certify that the information provided in this form, and in any documents attached, is correct, complete and provides full disclosure.

Signature:

Date: