

PROVISIONAL MEMBERSHIP APPLICATION FORM

Please indicate which practising membership category you intend on working towards

Full Membership

Associate Membership

Undecided at this time

1. Personal Information

Name:

Legal Last Name

Legal First Name

Middle Name(s)

Preferred Name:

Date of Birth:

(YYYY/MM/DD)

Gender (self identify):

OPFA Member # (if applicable):

2. Home Address

Send correspondence to:

Home

Business

Mailing Address:

City:

Province:

Postal Code:

Country:

Phone Number:

Email Address:

3. Business Address

(mandatory section if employed)

I am (pick one):

Employed

Self-employed

Not Currently Employed

Job Title:

Organization Name:

Street Address:

Same as Above

Different:

Mailing Address:

City:

Province:

Postal Code:

Country:

Phone Number:

Email Address:

4. Privacy Statement

The *Freedom of Information and Protection of Privacy Act* does not allow the OPFA to release a member's home address without their consent. The OPFA publishes an online membership directory for its members (www.opfa.ca). Members must sign into the Members Only side of the website to access the membership directory that contains the addresses of members where OPFA correspondence is sent (see Sections 2 & 3 above). The Member List that is accessible to the public does not contain addresses or contact information for our members.

NOTE: The OPFA's mailing list is not released to advertisers or any other outside parties.

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 for relevant degrees/diplomas must be sent directly from the issuing academic institution to the OPFA, after the degree or diploma has been conferred. If you graduated from a Canadian Forestry Accreditation Board (CFAB) accredited program but have multiple degrees or diplomas, only transcripts from the CFAB accredited program need to be submitted.

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 Provisional Members are only able to practice professional forestry under the direct supervision of a Full or suitably qualified Associate Member, as part of a formal course of forestry education study or working under an approved scope of practice as a By-Law Enforcement Officer, Certified Tree Marker or Managed Forest Plan Approver for which proof of qualification/certification is required, in accordance with the by-law.

I understand that Provisional Members are required to be mentored by a Full, Associate, Life or Inactive Member of the OPFA, or other registered forestry professional in Canada while attaining the 18 months progressive, relevant experience in accordance with the by-law and the Criteria for Relevant Experience.

I understand that Provisional Members must maintain a Work History Form to keep a record of their mentored experience gained as a Provisional Member.

8. Mentors

I understand that Provisional Members are responsible to find an eligible mentor and enter into a Mentoring Agreement at the beginning of the relationship.

If approved as a Provisional Member, I will ask my mentor(s) to submit a completed and signed Mentoring Agreement to the OPFA office at the beginning of the mentorship and when the mentored experience period is concluded, to confirm the length of mentorship.

Note: this form is recommended to be submitted 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 they apply 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-law of the association, I agree to abide by the terms of the *Professional Foresters Act 2000* and the association's By-law (including the Code of Ethics and the Professional Standards of Practice).

Signature of Applicant* :

Date:

Print Name of Applicant:

10. Application and Membership Fees

The application and membership fees that apply to each category of membership are listed in the OPFA Fee Schedule and are available on the [Fees](#) page of the website under Practicing Forestry - Becoming a Professional Forester.

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

You can pay the application fee using the following methods:

- E-transfer to opfa@opfa.ca -please provide your name and type of fee in the message section
- Online through the [Special Payments](#) section of the website
- Call the office at (905) 877-3679 to pay by Visa or Mastercard.
- Mailing a cheque or money order to the office (address provided below) - must be payable to the Ontario Professional Foresters Association

Note: The Provisional Member Annual Membership Fee covers your annual membership and will be payable if your application is approved. You do not need to pay it upon application for Provisional Membership.

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 opfa@opfa.ca or mailed to the Ontario Professional Foresters Association, PO Box 30038, Georgetown RPO Mountainview, Ontario, L7G 6J8.

Your complete application will be considered at the next scheduled Registration Committee meeting. You can find the list of upcoming meetings and the deadline to submit materials for them in the [Application Process & Forms section of the OPFA website](#).

Questions? Please contact the Registration Coordinator by phone: (905) 877-3679 or by email at: registration.coordinator@opfa.ca.



DECLARATION OF GOOD CHARACTER BY APPLICANT FOR LICENSING

All applicants must complete this declaration. Please note that failure to disclose information or providing false information on this declaration may result in an application being denied.

1. Have you ever been charged with, found guilty of, or been convicted of a criminal offence?

Yes No

If yes, provide details:

2. Are you currently the subject of any criminal proceedings?

Yes No

If yes, provide details:

3. Has any action ever been entered against you involving fraud?

Yes No

If yes, provide details:

4. Are there any outstanding civil actions against you?

Yes No

If yes, provide details:

5. Are you currently under investigation or the subject of proceedings by any regulatory authority?

Yes No

If yes, provide details:

6. Have you ever been suspended, disqualified, revoked, or otherwise disciplined as a member of any regulated profession?

Yes No

If yes, provide details:

7. Have you ever been denied a licence or registration, or had any licence or registration revoked for failure to meet good character requirements?

Yes No

If yes, provide details:

8. While attending a post-secondary institution, were you found to have engaged in academic dishonesty or misconduct?

Yes No

If yes, provide details:

9. Have you ever been refused admission by any regulatory body?

Yes No

If yes, provide details:

10. Is there any event, circumstance, or matter not disclosed above with respect to your character, conduct, competence or capacity that might affect your ability to engage in the practice of professional forestry with honest and integrity or in accordance with the law?

Yes No

If yes, provide details:

Please sign the declaration on the next page.

I certify that the information provided on this form is true and accurate, and I will notify the Registrar within 30 days of any changes in my responses to the above questions.

Name:

Date:

Signature

The Declaration of Good Character must be submitted along with the application form.

If additional space is required to answer any of the questions:



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 (if applicable):

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:**