



Ministry of Municipal
Affairs

Board of Examiners
4th Floor, 800 Johnson St

Mailing Address:
PO Box 9845 STN PROV GOVT
Victoria BC V8W 9T2

<http://www.gov.bc.ca/localgov-board-of-examiners>

APPLICATION FOR A CERTIFICATE IN LOCAL GOVERNMENT EXECUTIVE MANAGEMENT

Note: The information on this form is collected to administer the provisions of the *Local Government Act* (RSBC 1996 c. 323) and will be used to process your application. If you have any questions about the collection and use of the information email the Administrator at BCBoardofExaminers@gov.bc.ca.

A. Applicant's Information

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss.
Last Name:		First Name:	
Office E-mail Address:			
Employer:		Office Telephone Number:	
Work Address:		Office Fax Number:	
City / Prov:		Postal Code:	
Position Title:			
Length of Service in this Position:			

B. Academic Criteria (attach original transcripts in sealed envelopes) APPENDIX 1 MUST BE COMPLETED

<input type="checkbox"/>	Successful completion of the nine (9) core courses;
<input type="checkbox"/>	Successful completion of three (3) credit courses from the University of Victoria, DPSM or DLGM programs;
<input type="checkbox"/>	Successful completion of ten (10) credit courses in subject areas related to the operation of local government;
<input type="checkbox"/>	Other: Please specify:

C. Work Experience Criteria (attach letter or letters from local government verifying work experience)

Employment in a British Columbia municipality, regional district or Improvement district:	Years of Service:
Chief Administrative Officer:	Years of Service:
Deputy Chief Administrative Officer:	Years of Service:
Other: Please specify:	

<p>Do you presently hold a Certificate awarded by the Board of Examiners?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date the Certificate was issued:</p>	
<p>Have you previously applied to the Board of Examiners for Certification?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date of application:</p>	

Name of Employer:	Position Title:	Date of Service:
		<div> <div>YYYY / MM / DD</div> <div>YYYY / MM / DD</div> </div> <div> <div>From:</div> <div>To:</div> </div>
		<div> <div>YYYY / MM / DD</div> <div>YYYY / MM / DD</div> </div> <div> <div>From:</div> <div>To:</div> </div>
		<div> <div>YYYY / MM / DD</div> <div>YYYY / MM / DD</div> </div> <div> <div>From:</div> <div>To:</div> </div>

If a Certificate is awarded, a News Release is issued to the local newspaper in your community.
I CONSENT to my name being published in the local newspaper if awarded a Certificate ☐ Yes ☐ No

I declare the above information to be correct	
Signature:	Date signed:

Return one completed application and encloses to:

E-mail: BCBoardofExaminers@gov.bc.ca

Telephone: (250) 387-4085

AN INCOMPLETE OR INCORRECTLY COMPLETED APPLICATION WILL NOT BE CONSIDERED BY THE BOARD; THE APPLICATION WILL BE RETURNED TO THE APPLICANT FOR COMPLETION.

Reviewed by Board of Examiners	Date:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Certification number: EM-			

APPENDIX 1 - EDUCATIONAL BACKGROUND

PART A CORE COURSES (mandatory for certification)

	Course Name & Number	Academic Institution	Credit Awarded
1			Y
2			Y
3			Y
4			Y
5			Y
6			Y
7			Y
8			Y
9			Y

PART B UNIVERSITY OF VICTORIA COURSES

	Course Name & Number	Academic Institution	Credit Awarded
1			Y
2			Y
3			Y

PART C ADDITIONAL COURSES (completed for credit)

	Course Name & Number	Academic Institution	Credit Awarded
1			Y
2			Y
3			Y
4			Y
5			Y
6			Y
7			Y
8			Y
9			Y
10			Y

PART D DEGREE, DIPLOMA OR CERTIFICATE (accredited CDN post secondary institution)

	Degree, Diploma or Certificate	Academic Institution	Year Granted
1			
2			

Applicant Signature

Date