



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 STATUTORY ADMINISTRATION

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 eight (8) core courses;
<input type="checkbox"/>	Successful completion of two (2) credit courses from the University of Victoria, DPSM or DLGM programs;
<input type="checkbox"/>	Successful completion of eight (8) 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:
An Officer responsible for Corporate Administration or Deputy to that Officer:	Years of Service:
An Officer responsible for Financial Administration or Deputy to that Officer:	Years of Service:
Other: Please specify:	

D. Background Information

<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>

E. Employment Record

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

F. Declaration

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:

All applicants **MUST** submit **APPENDIX 1** including a letter from your employer(s) verifying your years of experience and enclose original transcripts (in sealed envelopes).

Return one completed application and enclosures to:

Administrator, Board of Examiners
Ministry of Municipal Affairs
PO Box 9845 STN PROV GOVT
Victoria BC V8W 9T2

E-mail: BCBoardofExaminers@gov.bc.ca

Telephone: (250) 387-4085

NOTE:

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

Office Use Only

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

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

PART B UNIVERSITY OF VICTORIA COURSES

	Course Name & Number	Academic Institution	Credit Awarded
1			Y
2			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

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

	Degree, Diploma or Certificate	Academic Institution	Year Granted
1			
2			
3			

Applicant Signature

Date