



Ministry of Municipal  
Affairs

Board of Examiners  
4<sup>th</sup> Floor, 800 Johnson St

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

[www.gov.bc.ca/localgov-board-of-examiners](http://www.gov.bc.ca/localgov-board-of-examiners)

## APPLICATION FOR A CERTIFICATE IN LOCAL GOVERNMENT 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 e-mail the Administrator at [BCBoardofExaminers@gov.bc.ca](mailto: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; (see Policy 1 for further details); and
<input type="checkbox"/>	Successful completion of two (2) credit courses from the University of Victoria, DPSM or DLGM programs; and
<input type="checkbox"/>	Successful completion of eight (8) credit courses in subject areas related to the operation of local government. (see Policy 4 for further details)
<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 with managerial experience:	Years of Service:
Position Title:	Years of Service:
Other: Please specify:	

## D. Background Information

Do you presently hold a Certificate awarded by the Board of Examiners?

☐ Yes      ☐ No      If yes, provide date the Certificate was issued:

Have you previously applied to the Board of Examiners for Certification?

☐ Yes      ☐ No      If yes, provide date of application:

### **E. Employment Record**

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

## F. Declaration

If a Certificate is awarded, an Information Bulletin 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** complete 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](mailto: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: GA-			

## APPENDIX 1 - EDUCATIONAL BACKGROUND

### PART A CORE COURSES (mandatory for certification – see Policy 1)

	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 – see Policy 4)

	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 Canadian post secondary institution)

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date