



**APPLICATION FORM
CERTIFICATE IN LOCAL GOVERNMENT SERVICE DELIVERY**

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.

Applicant Information	
Last Name:	First Name:
Position Title:	Employer:
Work Phone Number:	Work Email Address:
Mailing Address:	
City / Province:	Postal Code:

Background Information					
A	Do you presently hold a Certificate awarded by the Board of Examiners?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;"><u>If yes</u>, please complete the following</td> <td style="padding: 5px;">Certificate Name:</td> <td style="padding: 5px;">Date Issued:</td> </tr> </table>	<u>If yes</u> , please complete the following	Certificate Name:	Date Issued:	
<u>If yes</u> , please complete the following	Certificate Name:	Date Issued:			
B	Have you previously applied to the Board of Examiners for Certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"><u>If yes</u>, please complete the following</td> <td style="padding: 5px;">Application Date:</td> </tr> </table>	<u>If yes</u> , please complete the following	Application Date:		
<u>If yes</u> , please complete the following	Application Date:				

Academic Criteria	
<input type="checkbox"/>	Successful completion of the four (4) core courses
<input type="checkbox"/>	Successful completion of eight (8) credit courses in subject areas related to the operation of local government (see Policy 4 – Subject Areas Related to Local Government)
<input type="checkbox"/>	Appendix 1 complete
<p><u>Official Transcripts</u> for all courses included in Appendix 1 are required. They must be original transcripts in sealed unopened envelopes or sent by email from the institution to the Board of Examiners directly.</p>	

Work Experience Criteria

A	Employment with a B.C. municipality, regional district, or improvement district (see the Regulation).			
#	Employer: (Newest to Oldest)	Position Title:	Start Date: (yyyy/mm/dd)	End Date: (yyyy/mm/dd)
1				
2				
3				

B	If applicable, equivalent experience in another jurisdiction (see Policy 2 – Equivalent Experience in Another Jurisdiction).			
#	Employer: (Newest to Oldest)	Position Title:	Start Date: (yyyy/mm/dd)	End Date: (yyyy/mm/dd)
1				
2				

A letter verifying your years of service for all work experience noted above is required. It must be from your previous or current employer's respective Human Resources department or equivalent (on employer letterhead) and include your name, position, start date, and end date. Letters submitted by email, must be digitally signed and/or password protected.

Declaration

Do you consent to your name being published in a local newspaper, if awarded a certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I declare that all the information I have provided in the application is true and complete.		
Signature:	Date:	

Submitting your Application Package

Return the Completed Application Form, Official Transcript(s), and Employer Letter(s) Verifying Years of Service by mail, email, or a combination of both to the Board of Examiners. Contact information below.

<u>Mail to:</u> Attention: Administrator Board of Examiners Ministry of Municipal Affairs PO Box 9845 STN PROV GOVT	<u>Email to:</u> BCBoardofExaminers@gov.bc.ca
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Note: The Board reviews certificate applications at their meetings in March, June, and November.

APPENDIX 1

PART A – Core Courses*

#	Course Name:	Course Code:	Institution:	Credit Awarded:
1				
2				
3				
4				

*See [Policy 1](#) for courses currently accepted by the Board of Examiners for each core course.

PART B – Additional Credit Courses**

#	Course Name:	Course Code:	Institution:	Credit Awarded:
1				
2				
3				
4				
5				
6				
7				
8				

**See [Policy 4](#) for subject areas related to the operation of a local government.

EDUCATION SUMMARY – Degrees, Diplomas, and/or Certificates

#	Course Name:	Course Code:	Institution:	Credit Awarded:
1				
2				
3				
4				

Note: Courses may only appear once in Appendix 1, they cannot be repeated across ‘Parts.’