

Application for Business Continuity Professional Certification

**Introduction**

Thank you for applying for certification as a Business Continuity professional. DRI CANADA is an affiliate of DRI International, which offers certification that sets a global standard in knowledge and experience in your profession.

DRI CANADA bases certification on *Professional Practices for Business Continuity Practitioners,* a guideline that describes the main subject areas of business continuity planning and disaster recovery. This guideline will help you complete your application. We suggest you familiarize yourself with it and the requirements of the various certification levels *before* you begin the application.

Once you have completed your application, check it thoroughly. Unless you complete all required sections, your application will not be considered. If you have questions about the application or the application process, please contact DRI CANADA office by writing to [info@dri.ca](mailto:info@dri.ca) or calling 1-844-228-8135 (local 416-646-1600).

You may fax your completed application to 416-646-9460 or mail it to:

DRI CANADA

39 River Street

Toronto, Ontario

M5A 3P1

**About DRI CANADA and DRI International**

DRI CANADA serves Canada’s business continuity planning/disaster recovery profession by providing internationally recognized services, certification and promotion of the Ten Professional Practices identified in the *Professional Practices for Business Continuity Practitioners*.

DRI CANADA was incorporated as a not-for-profit organization in 1996 to:

* Promote commonly accepted understanding across the business continuity planning/disaster recovery industry through education, assistance and the development of a resource based on the Ten Professional Practices
* Certify qualified business continuity planning/disaster recovery professionals
* Promote the credibility and professionalism of certified business continuity planning/disaster recovery professionals

As an affiliate of DRI International (based in New York, NY), DRI CANADA sets baseline levels for the knowledge and capabilities of business continuity planning/disaster recovery professionals in Canada through promotion of *Professional Practices for Business Continuity Practitioners*.

**Tips on Completing Your Application**

The following general tips will help you complete your application successfully:

* Write your application in the first person. For example, use “I”, not “we” or “my team”.
* Use your own words to describe your work in each of the 10 professional practice areas.
* Set down in months the time applied to each practice area. You should show less than 100% for a practice area in a given period of time if you have worked in more than one practice area during that time.
* When documenting your professional practice, do not just copy from your CV. In your own words, expand on what the CV contains. Avoid using the services of a professional writer.
* When documenting professional practice areas, avoid copying information. Tell us in your own words what you have done in each professional practice area.
* If you do not provide additional information when asked, your application may not succeed.
* Avoid using as references those who reported to you.
* Since this is an application for professional certification, we expect you have the needed information and will provide it completely, accurately and succinctly.
* Type your application. The look of an application and supporting materials have a bearing on its success.

**Checklist for Completing Your Application**

In Section A - Applicant Information, format your name as you want it to appear on your certificate.

In Section B - Application for Certification, remember to enter the certification level which you are applying for.

Enclose your application payment (see schedule of fees). Make your cheque payable to “DRI CANADA”. We also accept credit cards (Visa, MasterCard, or American Express) and money orders.

Complete Section C - Job Description and/or Résumé by attaching a job description and/or résumé.

Complete Section D - How My Work Experience Qualifies Me for Professional Certification.

In Section E, list experiences that related directly to business continuity/disaster recovery planning. Include time frames for each experience. List as references your manager(s) or supervisor(s) who can validate the experience. Consultants should list as references clients who can validate their experience.

CBCP applicants: Outline experience in at least 5 subject areas. Two subject areas must be from among Business Impact Analysis, Developing Business Continuity Strategies, Developing and Implementing Business Continuity Plans, Maintaining and Exercising Business Continuity Plans.

CFCP applicants: Outline experience in at least 3 subject areas with 2 references per area. One subject area must be from among Business Impact Analysis, Developing Business Continuity Strategies, Developing and Implementing Business Continuity Plans, Maintaining and Exercising Business Continuity Plans.

MBCP applicants: Outline experience over 5 years in at least 7 subject areas, with 2 references per area.

Provide references from supervisors and managers (or, for a consultant, clients).

Inform references that DRI CANADA will contact them about your application for certification.

Complete Section I - Symposiums, Courses, and/or Conferences and Section J - Articles Published.

Complete Section K by signing and dating your application.

Make and retain a copy of your application and supporting documents.

Ensure that your application is printed on one side of a page and that you have met all the requirements in Section B before submitting it.

Put your full name at the top left corner on every page of your application.

###### Applicant Information *Section “A”*

Name (Last, First, Middle):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home (Street address, City, Province, Postal Code)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone: \_\_\_\_\_\_\_\_\_\_ Home Fax: \_\_\_\_\_\_\_\_\_\_ Home E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work (Company name, Street address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone: \_\_\_\_\_\_\_\_\_\_ Work Fax: \_\_\_\_\_\_\_\_\_\_\_\_ Work E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Preferred Mailing Address: Business\_\_\_\_\_ Home\_\_\_\_\_\_\_\_

Check Preferred Billing Address (for annual fees): Business\_\_\_\_\_ Home\_\_\_\_\_\_\_\_

Please enter your name as you wish it to appear on your certificate\*

\* Please note that this statement does not imply or guarantee certification.

**Application for Certification *Section “B”***

I hereby apply for the following level of certification (Please read the requirements carefully.):

**Master Business Continuity Professional (MBCP)**

*Requirements:*

1. Pass on the MBCP qualifying certification examination.
2. At least 5 years of significant experience in Business Continuity planning in at least 7 subject matter areas of the *Professional Practices for Business Continuity Planners.* Four of the 7 subject matter areas must be from among Business Impact Analysis, Developing Business Continuity Strategies, Developing and Implementing Business Continuity Plans, Maintaining and Exercising Business Continuity Plans.
3. References who will verify your experience.
4. Passing the MBCP Case Study Examination or completing a DRI Directed Research Project.
5. Application and payment of the MBCP application fee must be made on-line www.dri.ca

**NOTE: MBCP APPLICANTS MUST CALL THE DRI CANADA OFFICE BEFORE STARTING THE APPLICATION PROCESS**

**Certified Business Continuity Professional (CBCP)**

*Requirements:*

1. Pass on the CBCP qualifying examination.
2. At least 2 or more years of significant experience in Business Continuity planning in at least 5 subject matter areas of the *Professional Practices for Business Continuity Planners*. Two of the subject matter areas must be from among Business Impact Analysis, Developing Business Continuity Strategies, Developing and Implementing Business Continuity Plans, Maintaining and Exercising Business Continuity Plans”.
3. References who will verify your experience.
4. Payment of the non-refundable application fee.

**Certified Functional Continuity Professional (CFCP)**

*Requirements:*

1. Pass on the CFCP qualifying examination.
2. At least 2 or more years of significant experience in Business Continuity planning in at least 3 subject matter areas of the *Professional Practices for Business Continuity Planners*. One subject matter area must be from among Business Impact Analysis, Developing Business Continuity Strategies, Developing and Implementing Business Continuity Plan, Maintaining and Exercising Business Continuity Plans.
3. References who will verify your experience.
4. Payment of the non-refundable application fee.

**Associate Business Continuity Professional (ABCP)**

*Requirements:*

1. Pass on the ABCP qualifying examination.
2. Completed sections A, B, C, and K of this application.
3. Payment of the non-refundable application fee.

**Job Description and/or Résumé *Section “C”***

Attach a copy of your current job description, including your job title and/or a résumé.

**“How My Work Experience Qualifies Me for Professional Certification” *Section “D”***

Describe your experiences and accomplishments as a business continuity/disaster recovery planner and tell how they relate to your qualifications for professional certification. Please be factual and concise about your business continuity/disaster recovery planning experience and your commitment to the discipline. Your statement should be one, double-spaced page only.

**Experience (Professional Practice Subject Areas 1-10) *Section “E”***

The following tips will help you complete this section:

* Describe your experience under the applicable Professional Practices subject matter areas (1 page per practice area). To help you complete the application, a copy of the *Professional Practices for Business Continuity Practitioners*  can be accessed on our web site at [www.dri.ca](http://www.dri.ca).
* State at least the minimum required experience.
* Start each subject matter area on a new page. 1000 to 1500 words is appropriate for each subject matter area.
* Restrict the list of your experiences in a subject matter area to those to do with business continuity/disaster recovery planning.
* Show full and part-time experience.
* Remember to enter the location and time spent in each experience.
* Enter detailed explanations in the related experience column.
* Provide references for each area of experience. A manager or supervisor should validate experiences you have listed. If you are a consultant, provide contact information for clients who can validate the experiences you have listed.

**Professional Practice Subject Area Overview**

**1. Program Initiation and Management**

Establish the need for a Business Continuity Management Program within the entity and identify the program components from understanding the entity’s risks and vulnerabilities through development of resilience strategies and response, restoration and recovery plans. The objectives of this professional practice are to obtain the entity’s support and funding and to build the organizational framework to develop the BCM program.

**2. Risk Evaluation and Control**

The objective of this professional practice is to identify the risks/threats and vulnerabilities that are both inherent and acquired which can adversely affect the entity and its resources, or impact the entity’s image. Once identified, threats and vulnerabilities will be assessed as to the likelihood that they would occur and the potential level of impact that would result. The entity can then focus on high probability and high impact events to identify where controls, mitigations or management processes are non-existent, weak or ineffective. This evaluation results in recommendations from the BCM Program for additional controls, mitigations or processes to be implemented to increase the entity’s resiliency from the most commonly occurring and/or highest impact events.

**3. Business Impact Analysis**

During the activities of this professional practice, the entity identifies the likely and potential impacts from events on the entity or its processes and the criteria that will be used to quantify and qualify such impacts. The criteria to measure and assess the financial, customer, regulatory and/or reputational impacts must defined and accepted and then used consistently through-out the entity to define the Recovery Time Objective (RTO) and Recovery Point Objective (RPO) for each of the entity’s processes. The result of this analysis is to identify time sensitive processes and the requirements to recover them in the timeframe that is acceptable to the entity.

**4. Business Continuity Strategies**

The data that was collected during the BIA and Risk Evaluation is used in this professional practice to identify available continuity and recovery strategies for the entity’s operations and technology. Recommended strategies must be approved and funded and must meet both the recovery time and recovery point objectives identified in the BIA. A cost benefit analysis is performed on the recommended strategies to align the cost of implementing the strategy against the assets at risk.

**5. Emergency Response and Operations**

This professional practice defines the requirements to develop and implement the entity’s plan for response to emergency situations that may impact safety of the entity’s employees, visitors or other assets. The emergency response plan documents how the entity will respond to emergencies in a coordinated, timely and effective manner to address life safety and stabilization of emergency situations until the arrival of trained or external first responders.

**6. Plan Implementation and Documentation**

The Business Continuity Plan is a set of documented processes and procedures which will enable the entity to continue or recover time sensitive processes to the minimum acceptable level within the timeframe acceptable to the entity. In this phase of the Business Continuity Management Program, the relevant teams design, develop, and implement the continuity strategies approved by the entity and document the recovery plans to be used in response to an incident or event.

**7. Awareness and Training Programs**

In this professional practice, a program is developed and implemented to establish and maintain corporate awareness about Business Continuity Management (BCM) and to train the entity’s staff so that they are prepared to respond during an event.

**8. Business Continuity Plan Exercise, Audit and Maintenance**

The goal of this professional practice is to establish an exercise, testing, maintenance and audit program. To continue to be effective, a BCM Program must implement a regular exercise schedule to establish confidence in a predictable and repeatable performance of recovery activities throughout the organization. As part of the change management program, the tracking and documentation of these activities provides an evaluation of the on-going state of readiness and allows for continuous improvement of recovery capabilities and ensures that plans remain current and relevant. Establishing an audit process will validate the plans are complete, accurate and in compliance with organizational goals and industry standards as appropriate.

**9. Crisis Communications**

This professional practice provides the framework to identify, develop, communicate, and exercise a crisis communications plan. A Crisis Communications plan addresses the need for effective and timely communication between the entity and all the stakeholders impacted or involved during the response and recovery efforts.

**10. Coordination with External Agencies**

This professional practice defines the need to establish policies and procedures to coordinate response, continuity and recovery activities with external agencies at the local, regional and national levels while ensuring compliance with applicable statutes and regulations.

Professional Practice Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Company Name** |  |
| **Title or Role** |  |
| **Time in Title or Role** | / / through / / |
| **What You Did:**  (This area is expandable. Attach additional pages, if necessary.) | |
| **How You Did It:**  (This area is expandable. Attach additional pages, if necessary.) | |
| ***NOTE:*** *A Commissioner can ask for additional detailed information only once. So, be as detailed as possible. Failure to respond accurately can result in an unsuccessful application.*  ***NOTE:*** *Copy or duplicate this page as needed to ensure you have 1 page for each professional practice subject matter area.* | |

Applicant: Please do not write beyond this point on this page - The remainder of this page will be completed by your reference(s).

Yes No The applicant has performed the work described above while employed at

(please circle)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (organization) for the period indicated.

Yes No The applicant accomplished the activities described above in a professional manner.

(please circle)

My relationship to the applicant when the work was performed was:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify References for Each Subject Matter Area Selected

Provide the names of at least 2 references for each subject area, as well as the time period for which each referee can verify your professional experience. You may attach additional pages. References must be supervisors, managers or clients who can personally attest to the experience listed. Please inform your references that they will be contacted by DRI CANADA to verify your statements.

Reference 1

Subject Matter Area Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship (Supervisor/Manager/Client): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years known: \_\_\_\_\_\_

Name: (Mr. or Ms.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference 2

Subject Matter Area Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship (Supervisor/Manager/Client): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years known: \_\_\_\_\_\_

Name: (Mr. or Ms.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Work Experience *Section “F”***

Identify any experience in business continuity/disaster recovery planning not covered by this application that may help a Certification Commission in its review. Attach additional pages, if required.

**Employment History *Section “G”***

Provide your employment history for the past 10 years. Attach additional pages, if required.

**Current Employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employed from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employed from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Background *Section “H”***

Ensure that campus names and addresses are current and correct. Attach additional pages, if required.

**School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attended from \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ Highest Degree Earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attended from \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ Highest Degree Earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Symposiums, Courses, and/or Conferences Related to Business Continuity *Section “I”*

Please list conferences, symposia, courses and other learning events related to Business Continuity Planning that you have attended or have made presentations at during the past 10 years. Include the name, date, location and conference sponsor for each entry. Attach additional pages, if necessary.

Articles Published *Section “J”*

List titles, topics and names of periodicals or newsletters in which articles you wrote have been published. Attach additional pages, if required.

I Hereby Apply for Certification as My Qualifications May Permit Section “K”

Should my application for Certification be accepted, I agree to abide by the Code of Ethics of the DRI International. I affirm that the information contained herein is true and correct. I understand that if any information herein is found to be false the fees will be forfeited and no certification will be granted. In addition, I understand and acknowledge that all applications are subject to verification by the DRI CANADA/DRI International and hereby grant permission for the Certification Commission of the DRI CANADA/DRI International to verify any information I have given in this application. Further, I hereby grant permission for the DRI International to publish my name and Certification status. The DRI CANADA/DRI International reserves the right to verify employment and professional experience information provided in the application. If additional fees are required to verify information outside of Canada, the applicant will be responsible for such additional fees.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (DRI CANADA must have your original signature on file.) Date