



ONTARIO Approved Professionals Program
A Division of CDN Approved Professionals Program Inc.
224 King St.W. PO Box 575, Brockville, ON, K6V 5V7

Tel: 613-865-8999
www.ONTApproved.ca

Corporate: Dave@ONTApproved.ca
Membership@ONTApproved.ca

Quick Guide for a Complete Application

So, you are applying to be an **Approved Professional!** The following information will help guide you through our application. At first glance it will seem intense, but it is truthfully not. We have developed a customized application that encompasses all profession and trades, so some items may not be applicable to all. After all, ensuring applicants are "Approved" is the whole principal of the Approved Professionals.

Section 1a – Company Information

- This is everything about the company and principal / owner of the company of application.

Section 1b – Program & Division Selection

- We are a fast-growing business network, with ambitions to grow across Canada. This section is all about where you want to be advertised and where you operate as a professional.
- Select the "Divisions" or "Provincial" level of which you want to gain membership.

Section 2 – Integrity & Public Accountability

- Standard questions with regards to criminal checks and backgrounds preformed.

Section 3 – Company Details & Specifics

- This is an "Optional Section" for completion. If answered, gives us opportunity to advise on membership divisions and other program upgrades.

Section 4 – Client References

- This is an "Optional Section" for completion. If answered, it shall expedite the executives review of your application as this provides valuable insight into current customer review.
- We understand that with some professions, client information is private/protected, therefore this section may be required to be left blank / incomplete.

Section 5 – Company / Professional References

- This is an "Optional Section" for completion. If answered, it shall expedite the executives review of your application as this provides valuable insight into current professionalism.

Section 6 – Primary Applicant – Professionals #1

- This is where the "Primary Applicant" for membership provides us with all their contact information, locations, Insurances, and professional accreditations.
- This section is to be completed to the best of your ability, knowing that some of this information may not be applicable and can be left blank / incomplete.

Section 6 – Add-On Applicant – Professionals #2 (or More)

- This is much the same as Section 6, but for "Add-On Applicants" within your firm.
- Please make duplicates of this page for the appropriate number of additional applicants.

Sections 7, 8, and 9 a – Code of Conduct, Revocation of Rights & Sworn Declaration

- These sections must be signed by all applicants for approval of membership.

Section 10 – Profile Information for Approved Professional Members

- This section provides our team all the required information for your advertising & website profile.

Section 11 – Consent to Email for Anti-Spam Compliance.

- This section must be signed by all applicants for approval of membership.

Section 12 – Membership Level and Payment Information

- Confirm your "Provincial" or "Divisional" membership and noting the applicable membership fees.
- Confirm any "Additional Divisional" membership you may request and noting additional / applicable fees.
- Confirm any "Add-On Members" you may request and noting additional / applicable fees.



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Corporate: dave@ONTApproved.ca

Membership Application:

Your enrolment in the **Ontario Approved Professionals Inc.** program will be considered “pending” until the following criteria has been supplied in complete form and validation process has been completed.

The following information **must** be submitted with this application before this application is deemed complete.

- Copy of all certification(s) (WSIB, education, certificates, diploma, etc.)
- Copy of all proof of insurance(s)
- Copy of all business/professional licenses(s)
- Authorized, Signed and Complete Application.
- Payment of Membership Fees.

Section 1a - Company Information & Division Selection

**as applicable to the company*

Business Category / Business Type		
Type of services offered by company:		
Company Name:		
Registered Owner:	<i>Title:</i>	
Company Email:		
Company Website:		
Company Phone:	<i>Office:</i>	<i>Other:</i>
Company Mailing Address:	<i>Civic: Prov.</i>	<i>City: Postal:</i>
Year Company Established:		
Were you referred to the Program?	<input type="radio"/> Yes or <input type="radio"/> No <i>If Yes, by whom?</i>	
Were you Recruited to the Program?	<input type="radio"/> Yes or <input type="radio"/> No <i>If Yes, who was your Recruiter?</i>	
Facebook Link/ID:		
Instagram Link/ID:		
LinkedIn Link/ID:		
Other Link/ID:		
Has the Company or Applicant ever been an Approved Member in the Past?	<input type="radio"/> Yes or <input type="radio"/> No If Yes , please explain: _____ _____	

Section 1b – Program & Division Selection

Membership Level Selection:	<input type="radio"/> Provincial: Ontario <i>*includes Four Active Divisions of your choice</i> <input type="radio"/> Divisional: Leeds & Grenville <input type="radio"/> Divisional: Kingston, South Frontenac <input type="radio"/> Divisional: <input type="radio"/> Divisional: <input type="radio"/> Divisional:	<input type="radio"/> Divisional: Stormont, Dundas, Glengarry <input type="radio"/> Divisional: Ottawa, Orleans, Nepean <input type="radio"/> Divisional: <input type="radio"/> Divisional: <input type="radio"/> Divisional:
Primary Home Base Division Selection:	<input type="radio"/> Divisional: Leeds & Grenville <input type="radio"/> Divisional: Kingston, South Frontenac <input type="radio"/> Divisional: <input type="radio"/> Divisional: <input type="radio"/> Divisional:	<input type="radio"/> Divisional: Stormont, Dundas, Glengarry <input type="radio"/> Divisional: Ottawa, Orleans, Nepean <input type="radio"/> Divisional: <input type="radio"/> Divisional: <input type="radio"/> Divisional:
Confirm # of Applicants for this Company? Complete with Names of Primary and Add-On Applicants	<input type="radio"/> Primary: _____ <input type="radio"/> Add-On: _____ <input type="radio"/> Add-On: _____ <input type="radio"/> Add-On: _____ <input type="radio"/> Add-On: _____	<input type="radio"/> Add-On: _____ <input type="radio"/> Add-On: _____ <input type="radio"/> Add-On: _____ <input type="radio"/> Add-On: _____ <input type="radio"/> Add-On: _____

Section 2 – Integrity & Public Accountability

1) In connection with your employment or business affairs have you or any company in which you have a direct or indirect controlling interest, in Ontario or elsewhere:

a) been charged with (where charges are still outstanding and unresolved) or convicted of an offence under the *Criminal Code (Canada)* in respect of which a pardon has not been granted or issued under the *Criminal Records Act (Canada)*? **Yes** or **No**

b) been charged with (where charges are still outstanding and unresolved) or convicted of an offence under any other Federal statute, including but not limited to the *Income Tax Act*, in respect of which a pardon has not been granted or issued under the *Criminal Records Act (Canada)*? **Yes** or **No**

2) Have you been charged with (where charges are still outstanding and unresolved) or been disciplined by any professional association or body? **Yes** or **No**

3) Have you been involved in any issue or controversy in the past, or that may be subject to public review in the future, in which the government may have an interest? **Yes** or **No**

If **Yes** to any of the above, please explain: _____

4) Do you perform criminal checks on your employees? **Yes** or **No**

Information will remain confidential; no information from Section 2b will be released.

Section 3 – Company Details & Specifics

Current # of Active Employee(s)	<input type="radio"/> 1 to 5 <input type="radio"/> 5 to 10 <input type="radio"/> 10 to 25 <input type="radio"/> 25 to 50 <input type="radio"/> 50 to 100 <input type="radio"/> 100 or greater
Approx. annual revenue dollars (\$)	<input type="radio"/> < \$100,000 <input type="radio"/> \$100K - \$200K <input type="radio"/> \$200K - \$500K <input type="radio"/> \$500K or greater

Information will remain confidential; no information from Section 3 will be released.

Section 4 – Client References **if your profession deems this information confidential, you may skip this section.*

Please provide us with references from two (2) clients that you have completed work for in the past 12 months. Please refrain from using family members or internal company partners or employees.

<p>Client Reference 4.a</p>	<p>Name: _____ Contact Phone: (____) ____ - _____</p> <p>Contact Email: _____</p> <p>Location: _____ Date of project/contract: _____</p> <p>Description of Work: _____</p> <p>_____</p> <p>_____</p> <p>Reference aware of Application? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Other, _____</p> <p>Is the project / contract complete? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Other, _____</p>
<p>Client Reference 4.b</p>	<p>Name: _____ Contact Phone: (____) ____ - _____</p> <p>Contact Email: _____</p> <p>Location: _____ Date of project/contract: _____</p> <p>Description of Work: _____</p> <p>_____</p> <p>_____</p> <p>Reference aware of Application? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Other, _____</p> <p>Is the project / contract complete? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Other, _____</p>

**Names & contact information required only – membership services will contact Reference.*

Section 5 – Company/Professional References

Please provide us with references from two (2) professionals you have been affiliated with in the past 12 months. Please refrain from using family members or internal company partners or employees.

<p>Professional Reference 5.a</p>	<p>Company: _____</p> <p>Contact: _____ Contact Phone: (____) ____ - _____</p> <p>Contact Email: _____</p> <p>Affiliation: _____ Years Affiliated: _____</p> <p>Other Notes: _____</p> <p>_____</p> <p>Reference aware of Application? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Other, _____</p>
<p>Professional Reference 5.b</p>	<p>Company: _____</p> <p>Contact: _____ Contact Phone: (____) ____ - _____</p> <p>Contact Email: _____</p> <p>Affiliation: _____ Years Affiliated: _____</p> <p>Other Notes: _____</p> <p>_____</p> <p>Reference aware of Application? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Other, _____</p>

Names & contact information only required – membership services will contact References as required.

Primary Applicant - Professional #01

Section 6.1a – Professional Contact Information

**as applicable to primary applicant / professional*

Applicant Name:		
Applicant Phone:	<i>Office:</i>	<i>Other:</i>
Applicant Email:		
Applicant Business Mailing Address: <i>if different from company mailing</i>	<i>Civic: Prov.</i>	<i>City: Postal:</i>
Year in this Profession:		
Which Division(s) will this applicant be applying to be represented within?	<input type="radio"/> Provincial: Ontario <i>*includes Four Active Divisions of your choice</i> <input type="radio"/> Divisional: Leeds & Grenville <input type="radio"/> Divisional: Stormont, Dundas, Glengarry <input type="radio"/> Divisional: Kingston, South Frontenac <input type="radio"/> Divisional: Ottawa, Orleans, Nepean <input type="radio"/> Divisional: _____ <input type="radio"/> Divisional: _____ <input type="radio"/> Divisional: _____ <input type="radio"/> Divisional: _____ <input type="radio"/> Divisional: _____ <input type="radio"/> Divisional: _____	

Marketing & Supporting Information

provide the following in High Resolution JPG/PDF as available

- Company Logo**
 Professional Head Shot
 Photo of Office / Store Front

Section 6b – Insurance Information

**as applicable to primary applicant / professional*

Proof of Insurance	<i>Type of insurance:</i> _____
<input type="checkbox"/> <i>Hard copy provided.</i>	<i>Provider:</i> _____ <i>Phone:</i> (____) _____ - _____
<input type="checkbox"/> <i>Digital submitted.</i>	<i>Policy ID:</i> _____ <i>Renewal Date:</i> _____
Do you have additional insurance or coverages? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Required If Yes please explain & provide details: _____	
WSIB :	Are you required to have WSIB? <input type="radio"/> Yes <input type="radio"/> Not Required <input type="radio"/> Unsure <i>WSIB number/clearance ID:</i> _____

Section 6c – Accreditations / Education

as applicable to primary applicant / professional

Item 6c-01	<input type="radio"/> Accreditation <input type="radio"/> Education <input type="radio"/> Other, _____ <input type="checkbox"/> <i>Hard copy provided.</i> <i>Type:</i> _____ <i>Reference ID:</i> _____ <input type="checkbox"/> <i>Digital submitted.</i> <i>Institution/Authority:</i> _____
Item 6c-02	<input type="radio"/> Accreditation <input type="radio"/> Education <input type="radio"/> Other, _____ <input type="checkbox"/> <i>Hard copy provided.</i> <i>Type:</i> _____ <i>Reference ID:</i> _____ <input type="checkbox"/> <i>Digital submitted.</i> <i>Institution/Authority:</i> _____
Item 6c-03	<input type="radio"/> Accreditation <input type="radio"/> Education <input type="radio"/> Other, _____ <input type="checkbox"/> <i>Hard copy provided.</i> <i>Type:</i> _____ <i>Reference ID:</i> _____ <input type="checkbox"/> <i>Digital submitted.</i> <i>Institution/Authority:</i> _____

Add-On Applicant - Professional # _____

***Duplicate this sheet and complete accordingly for all add-on applicants**

Section 6.2a – Professional Contact Information *as applicable to primary applicant / professional

Applicant Name:	Title:	
Applicant Phone:	Office:	Other:
Applicant Email:		
Applicant Business Mailing Address: <i>if different from company mailing</i>	Civic: Prov.	City: Postal:
Year in this Profession:		
Which Division(s) will this applicant be applying to be represented within?	<input type="radio"/> Provincial: Ontario <i>*includes Four Active Divisions of your choice</i> <input type="radio"/> Divisional: Leeds & Grenville <input type="radio"/> Divisional: Stormont, Dundas, Glengarry <input type="radio"/> Divisional: Kingston, South Frontenac <input type="radio"/> Divisional: Ottawa, Orleans, Nepean <input type="radio"/> Divisional: _____ <input type="radio"/> Divisional: _____ <input type="radio"/> Divisional: _____ <input type="radio"/> Divisional: _____ <input type="radio"/> Divisional: _____ <input type="radio"/> Divisional: _____	

Marketing & Supporting Information provide the following in High Resolution JPG/PDF as available

- Company Logo
 Professional Head Shot
 Photo of Office / Store Front

Section 6b – Insurance Information *as applicable to primary applicant / professional

Proof of Insurance	Type of insurance: _____
<input type="checkbox"/> Hard copy provided.	Provider: _____ Phone: (____) ____ - _____
<input type="checkbox"/> Digital submitted.	Policy ID: _____ Renewal Date: _____
Do you have additional insurance or coverages? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Required If Yes please explain & provide details: _____	
WSIB :	Are you required to have WSIB? <input type="radio"/> Yes <input type="radio"/> Not Required <input type="radio"/> Unsure WSIB number/clearance ID: _____

Section 6c – Accreditations / Education as applicable to primary applicant / professional

Item 6c-01	<input type="radio"/> Accreditation <input type="radio"/> Education <input type="radio"/> Other, _____ Type: _____ Reference ID: _____ Institution/Authority: _____
<input type="checkbox"/> Hard copy provided. <input type="checkbox"/> Digital submitted.	
Item 6c-02	<input type="radio"/> Accreditation <input type="radio"/> Education <input type="radio"/> Other, _____ Type: _____ Reference ID: _____ Institution/Authority: _____
<input type="checkbox"/> Hard copy provided. <input type="checkbox"/> Digital submitted.	
Item 6c-03	<input type="radio"/> Accreditation <input type="radio"/> Education <input type="radio"/> Other, _____ Type: _____ Reference ID: _____ Institution/Authority: _____
<input type="checkbox"/> Hard copy provided. <input type="checkbox"/> Digital submitted.	

Section 7 – Code of Conduct Agreement

As an Approved Member of the **Approved Professionals Program**, I/We have read the following **Code of Conduct**. I/We agree to follow and adhere to the best of my/our abilities. This Code of Conduct for all members of the program shall apply while serving the public as a professional.

- Service the clients with courtesy & respect.
- Maintain a clean, safe workplace.
- Present yourself in a tidy, clean & professional manner.
- Provide written quotes/estimates that are honest, accurate and accountable.
- Communicate project status with client on regular basis and upon modification.
- Complete work to an acceptable professional industry standard.
- Ensure all employees are trained to complete tasks assigned and to ensure a safe working environment.
- Maintain proper insurance and comply with all relevant regulations.
- Comply with all municipal by-laws and regulations.
- Encourage use of the Approved Professionals Program & network.

Primary Applicant	Add-On Applicant	Add-On Applicant	Add-On Applicant	Add-On Applicant	Add-On Applicant	Add-On Applicant
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MUST be initialed to be considered a complete application.

Section 8 – Revocation of Rights

I/We understand that failure to adhere to the **Code of Conduct** and/or **Program Guidelines** of the **Approved Professionals Program** will result in revocation / removal of membership.

I/We understand that if for any reason the applicant(s) Approved Professional certification is revoked or cancelled, the applicant(s) has 15 days to cease and desist on all usage of the Approved Professionals logos, affiliations, and services. Failure to do so will result in possible legal action.

Primary Applicant	Add-On Applicant	Add-On Applicant	Add-On Applicant	Add-On Applicant	Add-On Applicant	Add-On Applicant
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MUST be initialed to be considered a complete application.

Section 9 – Sworn Declaration

I (**Primary Applicant**), _____ of (City) _____ solemnly declare that all the information and statements contained in this application are true and complete. I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

X _____ .
Signature – Primary Applicant _____ .
Date

***Initials**

Add-On Applicant	Add-On Applicant	Add-On Applicant	Add-On Applicant	Add-On Applicant	Add-On Applicant	Add-On Applicant
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MUST be signed and initialed to be considered a complete application.

Section 10 – Additional Company Profile Information

1. Does the applicant company have a company motto or slogan?

2. Can you provide us with a bio or one paragraph write-up that will be used for advertising purposes and on the program website that would best describe the company, its services and history?

This content is used by Membership Services for public awareness and advertising purposes only.

Section 11 – Consent to Email for Anti-Spam Compliance

As per the Canadian Anti-Spam Legislation, I give my consent to the Ontario Approved Professionals Program to communicate with me electronically. I understand that my consent may be withdrawn at any time by emailing the Ontario Approved Professionals Program.

Primary Applicant: _____ Email: _____ Initial _____

Add-On Applicant: _____ Email: _____ Initial _____

Add-On Applicant: _____ Email: _____ Initial _____

Add-On Applicant: _____ Email: _____ Initial _____

Add-On Applicant: _____ Email: _____ Initial _____

Add-On Applicant: _____ Email: _____ Initial _____

Add-On Applicant: _____ Email: _____ Initial _____

Other : _____ Email: _____ Initial _____

This consent will be required from all applicants and or staff members that wish to receive news, invitations, updates and all other means communications while an active member within the Approved Professionals.

This consent will be required to be signed on an annual basis at time of renewal.

Section 12 – Membership and Payment Information

**Please Select Level of Membership*

Provincial Membership: \$700.00 +HST **\$ 791.00**

- i) Application for the Province of Ontario.
- ii) One (1) Year term agreement and per applicable program by-laws.
- iii) Membership shall include selection of Four (4) active divisions within the Ontario Program Mapping.
- iv) Membership Rate for One (1) Professional / Person. Additional Add-On Members not included (*see below*)

Please select your Primary / Home Division:

- | | |
|--|--|
| <input type="radio"/> Divisional: Leeds & Grenville | <input type="radio"/> Divisional: Stormont, Dundas, Glengarry |
| <input type="radio"/> Divisional: Kingston, South Frontenac | <input type="radio"/> Divisional: Ottawa, Orleans, Nepean |
| <input type="radio"/> Divisional: | <input type="radio"/> Divisional: |
| <input type="radio"/> Divisional: | <input type="radio"/> Divisional: |
| <input type="radio"/> Divisional: | <input type="radio"/> Divisional: |

Divisional Membership: \$375.00 +HST **\$ 423.75**

- i) Application for One (1) Division within the Province of Ontario.
- ii) One (1) Year term agreement and per applicable program by-laws.
- iii) Membership shall be limited to the selection of One (1) active division within the Ontario Program Mapping.
- iv) Membership Rate for One (1) Professional / Person. Additional Add-On Members not included (*see below*)

Please select your Primary / Home Division:

- | | |
|--|--|
| <input type="radio"/> Divisional: Leeds & Grenville | <input type="radio"/> Divisional: Stormont, Dundas, Glengarry |
| <input type="radio"/> Divisional: Kingston, South Frontenac | <input type="radio"/> Divisional: Ottawa, Orleans, Nepean |
| <input type="radio"/> Divisional: | <input type="radio"/> Divisional: |
| <input type="radio"/> Divisional: | <input type="radio"/> Divisional: |
| <input type="radio"/> Divisional: | <input type="radio"/> Divisional: |

Additional Divisional Memberships: \$226.00/Division # \$

- i) Each selected Additional Division will be charged at \$200.00+HST per Division.
- ii) One (1) Year term agreement and per applicable program by-laws.

Please select which Divisions you would like to add to your Divisional Membership:

- | | |
|--|--|
| <input type="radio"/> Divisional: Leeds & Grenville | <input type="radio"/> Divisional: Stormont, Dundas, Glengarry |
| <input type="radio"/> Divisional: Kingston, South Frontenac | <input type="radio"/> Divisional: Ottawa, Orleans, Nepean |
| <input type="radio"/> Divisional: | <input type="radio"/> Divisional: |
| <input type="radio"/> Divisional: | <input type="radio"/> Divisional: |
| <input type="radio"/> Divisional: | <input type="radio"/> Divisional: |

Add-On Member: \$ 56.50/Member # \$

- i) Each requested Add-On Member will be charged at \$50.00+HST per Person.
- ii) One (1) Year term agreement and per applicable program by-laws.

Sub-total [A] Membership Level	\$ <u> </u> <i>*Including Tax</i>
Sub-total [B] Additional Divisions	\$ <u> </u> <i>*Including Tax</i>
Sub-total [C] Add-on Members	\$ <u> </u> <i>*Including Tax</i>

Grand Total \$ **Including Tax*

*Membership shall not be activated or deemed complete until all fees have been paid in full.
Terms of Payment, Late Fees and Termination of Membership shall be as per the Program By-Laws.*

Section 13 – Membership Application Review and Approval

Membership Approval Criteria:

- Application accurate, legible and substantially complete.
- Proof and copies of all professional licenses, insurances, certifications provided.
- Membership fees paid in full.
- Membership Director has reviewed and signed.
- President and/or Vice-President has reviewed and signed.

This Application as submitted by the primary applicant will be under review by our Membership Review Committee, a confidential review panel comprised of Executive Directors as per the program guidelines and by-laws.

The Membership Review process takes between 3-10 business days. Once the review is complete, the Membership Director will contact the primary applicant with the final decision.

Membership / Recruitment Recommendations:

- APPROVE** **NOT ABLE TO APPROVE** **INCOMPLETE APPLICATION**

Supporting Comments: _____

Representative Name: _____ Dated: _____

President and/or Vice-President Review & Decision:

- APPROVE** **NOT ABLE TO APPROVE** **INCOMPLETE APPLICATION**

Notes / Comments: _____

Signed: _____ Dated: _____

Membership Month:

- January February March April
 May June July August
 September October November December

UNDER REGULATION OF THE ONTARIO APPROVED PROFESSIONALS PROGRAM

A Division of CDN Approved Professionals Program Inc.

