

613 – 744 West Hastings, Vancouver, BC, Canada V6C 1A5
Phone: 604.451.4555 Fax: 604.451.4558
Email: registration@csapsociety.bc.ca

Template for Presentation of Experience

Please read the section on Work Experience Details in the Membership Guidelines before completing this template.

All applicants for Society membership must provide work experience details for review and assessment by the Society using the Template for Presentation of Experience. Because the decision regarding an applicant's eligibility is primarily based on the information contained in the applicant's work experience details submitted in support of his or her application, applicants are encouraged to provide as much relevant information as possible. While an effort will be made to request additional information from the applicant if required, this is not always possible without jeopardizing application deadlines. It is the applicant's responsibility to ensure that sufficient information is provided prior to any application deadline. Three hard copies and one electronic copy of the entire submission are required.

The Template for Presentation of Experience includes the following components:

Curriculum Vitae

- Must be completed according to the template

Position Descriptions

- You must complete one form for each position for which you are seeking credit.
- If your role or level of responsibility changed significantly under any one position, you must break the position into multiple positions and complete one form for each position created.
- Since the CSAP designation is an individual designation, applicants should use the first person singular to specifically describe their own work experience, role and responsibilities. While applicants may provide a description of the team's role, which will include components for which the applicant was not directly responsible, providing the team role only is not sufficient.
- Remember to relate each position description to the requirements of both RDE and DDE including but not limited to:
 - How your work involved the application of scientific, engineering or geoscience principles related to contaminated site assessment, management and remediation;
 - How you were personally responsible for the evaluation and selection of scientific or technical methodologies for conducting contaminated site assessment, management and remediation, including a description of the types of methodologies selected and the basis for selection;
 - The types and levels of responsibilities of persons you coordinated or supervised and what authority you assumed over their work;

- The level of responsibility and independent judgment you exercised in this position including the types and categories of conclusions you reached and the extent to which these conclusions were used in reports and in making recommendations to employers or clients; and
- Information regarding applications for legal instruments to which you contributed.

Project Descriptions

- You must provide three project descriptions for each position claimed.
- Selected projects should be representative of the position.
- In aggregate, your project descriptions must cover all stages of assessment and remediation and, for Risk Assessment Specialist applicants, both human health and ecological risk assessment.
- Remember to relate each project description to the requirements of both RDE and DDE including, but not limited to:
 - How you applied your technical knowledge and skill related to contaminated sites assessment, management and remediation;
 - The types and levels of responsibilities of persons you coordinated or supervised and what authority you assumed over their work;
 - The nature and extent of environmental conditions at the site;
 - The contaminants looked for and encountered;
 - Methodologies selected and why they were selected;
 - The extent to which you were a principle decision-maker for this project; and
 - Your overall role in the project including a description of your conclusions and recommendations and to whom and how these were communicated.
- Project Supervisor must sign the relevant section to acknowledge that they are substantiating the experience information provided.

Summary Table

- You will transfer information from your **Position and Project Descriptions** to the Experience **Summary Table**.

Optional Statement of Qualifications

All applicants are invited to include an **Optional Statement of Qualifications** with their work experience details. This statement provides an opportunity for the applicant to write no more than 250 words in support of his or her application emphasizing why the applicant feels that he or she is qualified for Society membership.

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Curriculum Vitae Template

Applicant Contact Information

Full Legal Name	
Mailing Address	
Daytime Tel (1)	Daytime Tel (2)
E-Mail Address	Daytime Fax
Bachelors Degree	Graduation Date (Month/Year)
Masters Degree	Graduation Date (Month/Year)
Doctorate Degree	Graduation Date (Month/Year)
Registration with: <input type="checkbox"/> APEGBC, <input type="checkbox"/> BCIA, or <input type="checkbox"/> CAB <i>(Please Tick)</i>	
Discipline	Registration Date (Month/Year)
Discipline	Registration Date (Month/Year)



Employment History

Applicant Name: _____

Start Date (Month, Year)	End Date (Month, Year)	Employer * (Name and Address)	Job Title	Job Outline (Roles and Responsibilities)	% Full Time ** (Cont. Site Work)

*Employer column also refers to self-employment, contract work, volunteer / service activities, and contributions to industry / academic publications.

**Where employment was not full-time in contaminated sites, please include an estimation of what portion of work was in contaminated sites.

Presentation of Experience

Applicant Name _____

Application Type Standards Assessment Specialist
 Risk Assessment Specialist

Experience Requirement
10 years of post graduation experience of which not more than 2 years (24 months) MAY BE Non-Contaminated Sites Relevant Documented Experience (RDE).
8 years (96 month) MUST BE Direct Documented CSR Experience (DDE) of which 4years (48 months) MUST consist of significant experience at a decision- making level.

POSITIONS DURING WHICH EXPERIENCE WAS GAINED *(Please list a minimum of 3 relevant positions)*

POSITION # 1				
Your Position Title				
Employer				
Position Supervisor's Name			Supervisor's Phone No.	
Start Date		End Date		No. of Months Spent at Position
Position Description				

PROJECTS DURING WHICH EXPERIENCE WAS GAINED *(Please list a minimum of 3 relevant projects for each position)*

PROJECT # 1				
Project Period	Start Date:	End Date:		REVIEWER'S COMMENTS
	Total no. of Months Spent on Project:			
Project Name				
Project Description				
Relevant Activities Carried Out				
Project Supervisor Verifying the Project Details	Name:	Phone No.		
	Signature:			
Experience Accrued During this Project (in months)	Non-contaminated Sites RDE	CSR DDE	CSR DDE Decision-Making Level	



Applicant Name _____

PROJECT # 2					
Project Period	Start Date:	End Date:			REVIEWER'S COMMENTS
	Total no. of Months Spent on Project:				
Project Name					
Project Description					
Relevant Activities Carried Out					
Project Supervisor Verifying the Project Details	Name:	Phone No.			
	Signature:				
Experience Accrued During this Project (in months)	Non-contaminated Sites RDE	CSR DDE	CSR DDE Decision-Making Level		

PROJECT # 3					
Project Period	Start Date:	End Date:			REVIEWER'S COMMENTS
	Total no. of Months Spent on Project:				
Project Name					
Project Description					
Relevant Activities Carried Out					
Project Supervisor Verifying the Project Details	Name:	Phone No.			
	Signature:				
Experience Accrued During this Project (in months)	Non-contaminated Sites RDE	CSR DDE	CSR DDE Decision-Making Level		



POSITION # 2				
Your Position Title				
Employer				
Position Supervisor's Name			Supervisor's Phone No.	
Start Date		End Date		No. of Months Spent at Position
Position Description				

PROJECTS DURING WHICH EXPERIENCE WAS GAINED *(Please list a minimum of 3 relevant projects for each position)*

PROJECT # 1				
Project Period	Start Date:	End Date:	REVIEWER'S COMMENTS	
	Total no. of Months Spent on Project:			
Project Name				
Project Description				
Relevant Activities Carried Out				
Project Supervisor Verifying the Project Details	Name:	Phone No.		
	Signature:			
Experience Accrued During this Project (in months)	Non-contaminated Sites RDE	CSR DDE	CSR DDE Decision-Making Level	



Applicant Name _____

PROJECT # 2					
Project Period	Start Date:	End Date:			REVIEWER'S COMMENTS
	Total no. of Months Spent on Project:				
Project Name					
Project Description					
Relevant Activities Carried Out					
Project Supervisor Verifying the Project Details	Name:	Phone No.			
	Signature:				
Experience Accrued During this Project (in months)	Non-contaminated Sites RDE	CSR DDE	CSR DDE Decision-Making Level		

PROJECT # 3					
Project Period	Start Date:	End Date:			REVIEWER'S COMMENTS
	Total no. of Months Spent on Project:				
Project Name					
Project Description					
Relevant Activities Carried Out					
Project Supervisor Verifying the Project Details	Name:	Phone No.			
	Signature:				
Experience Accrued During this Project (in months)	Non-contaminated Sites RDE	CSR DDE	CSR DDE Decision-Making Level		



Applicant Name _____

POSITION # 3				
Your Position Title				
Employer				
Position Supervisor's Name			Supervisor's Phone No.	
Start Date		End Date		No. of Months Spent at Position
Position Description				

PROJECTS DURING WHICH EXPERIENCE WAS GAINED *(Please list a minimum of 3 relevant projects for each position)*

PROJECT # 1				
Project Period	Start Date:	End Date:	REVIEWER'S COMMENTS	
	Total no. of Months Spent on Project:			
Project Name				
Project Description				
Relevant Activities Carried Out				
Project Supervisor Verifying the Project Details	Name:	Phone No.		
	Signature:			
Experience Accrued During this Project (in months)	Non-contaminated Sites RDE	CSR DDE	CSR DDE Decision-Making Level	



Applicant Name _____

PROJECT # 2				
Project Period	Start Date:	End Date:		REVIEWER'S COMMENTS
	Total no. of Months Spent on Project:			
Project Name				
Project Description				
Relevant Activities Carried Out				
Project Supervisor Verifying the Project Details	Name:	Phone No.		
	Signature:			
Experience Accrued During this Project (in months)	Non-contaminated Sites RDE	CSR DDE	CSR DDE Decision-Making Level	

PROJECT # 3				
Project Period	Start Date:	End Date:		REVIEWER'S COMMENTS
	Total no. of Months Spent on Project:			
Project Name				
Project Description				
Relevant Activities Carried Out				
Project Supervisor Verifying the Project Details	Name:	Phone No.		
	Signature:			
Experience Accrued During this Project (in months)	Non-contaminated Sites RDE	CSR DDE	CSR DDE Decision-Making Level	

Experience Summary

Applicant Name _____

Application Type Standards Assessment Specialist
 Risk Assessment Specialist

Applicant Graduation Date _____ **(Bachelor)**
_____ **(Other)**

Experience Requirement
Experience Requirement
10 years of post graduation experience of which not more than 2 years (24 months) MAY BE Non-Contaminated Sites Relevant (CSR) Documented Experience (RDE).

8 years (96 month) MUST BE Direct Documented CSR Experience (DDE) of which 4years (48 months) MUST consist of significant experience at a decision-making level.

POSITIONS DURING WHICH EXPERIENCE WAS GAINED *(Please list a minimum of 3 relevant positions)*

SUMMARY TABLE				
Post-Graduate Degree	Research Component	Non-Contaminated Sites RDE 24 months (2 years)	CSR DDE 96 months (8 years)	CSR DDE Decision Making level 48 months (4 years)
Degree Type				
Position	Position Title			
Position # 1				
Position # 2				
Position # 3				
TOTAL EXPERIENCED ACCRUED (in months)				
CSAP SOCIETY REVIEWER VERIFICATION				

CSAP SOCIETY REVIEWER'S RECOMMENDATION

I recommend that the applicant be permitted to sit the Approved Professionals Examination and, if successful, be appointed to the Roster (minimum 10 years of eligible experience).

I recommend that the applicant only be permitted to sit the Approved Professionals Examination at this time (minimum 9 years of eligible experience).

The applicant does not yet qualify to sit the Approved Professionals Examination or be appointed to the Roster.

COMMENTS (Please include any comments below. If large portions of experience or projects were discredited, please include these here. If you recommend the CSAP Board invite the candidate to an experience review interview, please include your reasons here.)

Optional Statement of Qualifications

Applicant Name _____

Application Type Standards Assessment Specialist Risk Assessment Specialist

This statement provides an opportunity for the applicant to write no more than 250 words in support of his or her application emphasizing why the applicant feels that he or she is qualified for Society membership.