

Evaluator Application

- Attach any copies of out-of-province IFSAC/Pro Board certificates (with seal number clearly visible).
- Submit completed applications to ma.certexam@gov.ab.ca.

Personal Information Legal name only — NO nicknames.					
Legal Na	ame:		Birthdate:		
	Last	First	Middle		MM/DD
Email:				Contact Number:_	
City/Tow	/n:			Province/Territory:	
 By signing this declaration, I confirm that I have read and will abide to the following statements: I have successfully completed IFSAC/Pro Board certification for NFPA 1041 Level II. I will remain unbiased by not delivering the training to the candidates I am evaluating. I will not apply to evaluate or instruct any levels for which I am not qualified. I will not evaluate any person with whom I have a personal relationship. I ensure that I have read the requirements specified by the Government of Alberta and that I will comply with these requirements. I understand that all evaluations and assessment material are subject to audit by Alberta Municipal Affairs and that failure to follow these requirements may result in the suspension of privileges as an evaluator and proctor with the Government of Alberta.					
Signatur	e:		Da	te:	
Office	Use Only				
Approv	·				

This collection of personal information is necessary to support the certification and accreditation programs of the Government of Alberta. The collection is authorized under Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be managed in accordance with the privacy provisions in the Act. If you have questions regarding the collection of your personal information, please send your inquiry to the Government of Alberta, 16th Floor, Commerce Place, 10155 – 102nd Street, Edmonton, AB, T5J 4L4 or email ma.certexam@gov.ab.ca.

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