Alliance of Credential Evaluation
Services of Canada (Alliance)

Membership Application

1. Submitting the Membership Application and Supporting Documentation

Prospective Alliance members must demonstrate compliance with membership terms and quality assurance criteria by completing this Membership Application and submitting supporting documentation for review by current Alliance members to:

   Secretariat of the Alliance
   c/o Canadian Information Centre for International Credentials (CICIC)
   95. St. Clair Avenue West, Suite 1106
   Toronto, ON, M4V 1N6

2. Public Accountability, Clientele, and Experience

2.1 Public accountability

   Alliance members are well-established academic credential assessment services that meet ONE of the following criteria:

   • The applicant’s service must operate as part of a provincial or territorial authority.
   • The applicant’s service must be mandated\(^1\) by a provincial or territorial authority to provide international academic credential assessment services.
   • The applicant’s service must demonstrate that its assessment reports are used\(^2\) by at least two public institutions\(^3\) in the province/territory of operation.

   a) Describe your service’s relationship with the provincial or territorial government.
   b) If applicable, provide supporting documentation to confirm the mandate (as defined in footnote 1) received from the above provincial or territorial ministry. Indicate the duration of the mandate, and mention any limitations.
   c) If applicable, provide supporting documentation to demonstrate that your service’s academic credential assessment reports are used by at least two public institutions (as defined in footnotes 2 and 3).

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\(^1\) The applicant’s service must have received a clear mandate for providing academic credential assessment services to the population from a provincial or territorial ministry. This mandate should:
   • Originate from a competent authority in this ministry.
   • Specify the nature of the deliverable services.
   • Indicate the duration of the mandate.
   • Mention any limitation.
   • Specify any accountability or reporting mechanisms between the service and the ministry.

\(^2\) Demonstration of use from public institutions might include, among other options, letters from such institutions.

\(^3\) For these purposes, public institutions include occupational regulatory bodies and publicly funded postsecondary institutions. Such public institutions must derive their mandate from legislation.
2.2 Clientele served

Alliance members must serve a broad-based clientele, not limited only to individuals applying for admission with an educational institution, and not limited only to individuals applying for membership, licensure, or certification with professional organizations/regulatory bodies.

a) Describe the nature of academic credential assessments performed by your service (admission to educational institutions, professions or trades, general employment, immigration, etc.).

b) Specify the scope of the academic credential assessments performed by your service (academic levels, disciplines, and countries of origin of academic credentials submitted by clients).

2.3 Comprehensive general liability

Each Alliance member must at its own expense and without limiting its liabilities herein, be responsible for insuring its operations under a contract of Comprehensive General Liability, in an amount not less than $1,000,000 per occurrence (annual general aggregate, if any, not less than $2,000,000) insuring against bodily injury, personal injury, and property damage including loss of use thereof. Coverage shall include blanket contractual liability, and shall include employees as additional insured.

a) Provide a certified copy of the insurance policy. Written evidence of an appropriate self-insurance or self-assumption program at the required levels or above will be accepted in place of a certified copy.

2.4 Volume of academic credential assessment and experience

Alliance members must have complied with the above criteria and the Pan-Canadian Code of Good Practice for at least one year and have performed a significant number of international academic credential assessments (at least 250 during this time period).

a) Indicate how long your service has complied with the above criteria and the Pan-Canadian Code of Good Practice.

b) See section 2.1.3 of the Quality Assurance Framework adherence application below to provide information on assessment volume and experience.
3. Adherence to the Pan-Canadian Quality Assurance Framework for the Assessment of International Academic Credentials (QAF)

3.1 Tool 1 - Guide to the preparation of a QAF adherence application

Tool 1 serves as a guide to describe your service’s adherence to the quality assurance criteria required of all members of the Alliance. Your service’s completed responses to Tool 1 should be supported by appropriate documentation, to be attached to this membership application.

This guide can be downloaded at [http://cicic.ca/docs/2012/Quality_Assurance_Framework_EN.pdf](http://cicic.ca/docs/2012/Quality_Assurance_Framework_EN.pdf) and refers to pages 18 to 20 in the document.
4. Declaration

I declare, on behalf of _________________________________ (name of organization), that all the information and documentation included in my application for membership in the Alliance of Credential Evaluation Services of Canada (Alliance) is, to the best of my knowledge, complete and accurate.

I also declare that, if membership in the Alliance is granted, _________________________________ (name of organization) will abide by the terms of membership described in the Alliance’s Web site at [http://www.canalliance.org], more specifically to the membership terms, responsibilities of Alliance members, rights of Alliance members, limitations and liabilities of membership, as well as maintain adherence to the Pan-Canadian Quality Assurance Framework for the Assessment of International Academic Credentials (QAF).

Please sign the declaration:

_________________________  __________________________
Signature                 Date

Please provide the following contact information:

Name: _________________________________

Title: _________________________________

Name of Organization: _________________________________

Address:

________________________________________
________________________________________
________________________________________

Telephone: _________________________________

Fax: _________________________________

E-mail: _________________________________

Web site URL: _________________________________