



**A Business Network of  
Professionals  
for all of Ontario!**

**ONTARIO** div. **Approved Professionals**  
*A Division of CDN Approved Professionals Program Inc.*  
**7-2211 Parkedale Avenue, Brockville, ON, K6V 6B2**

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

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

The following information must be submitted to the Ontario Approved Professionals Office through email or mail before you will become a fully Approved Member.

1. **UPDATED** - Copy of all Certification Documents (WSIB, Education, Certificates, etc.)
2. **UPDATED** - Copy of all Proof of Insurance (Must be Current & Active)
3. **NEW / REVISED** - Copy of all Business / Professional Licenses
4. Signed copy of the Code of Conduct, Anti-Spam and Completed Application
5. Selected Terms & Payment
6. **\*NEW\*** Membership Level for Divisionary Selection

If your Membership Renewal is not received with payment by the 21st of the Renewal Month  
your Membership may be suspended or terminated.

## **Membership Renewal Form**

Your renewal within the **Approved Professionals Program** will be considered "Pending"  
until the following criteria has been supplied in complete form and our  
review and validation process has been completed.

### **Renewal of Section 1 – Application Updates and / or Modifications**

Upon review of your Original Application, please list all updates / amendments / changes;

☐ If checking this option, you are verifying that there are **NO CHANGES** to your Original Application.

☐ If checking this option, you **DO HAVE CHANGES** and they are to be listed below:

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

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City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

*\*Please ensure you note the corresponding Section from Original Application.*

**Renewal of Section 1 – Selection of Program Divisions**

Select your Divisionary Participations of the Approved Professionals Program	<input type="radio"/> Leeds & Grenville Approved Professionals <input type="radio"/> Stormont Dundas Glengarry Approved Professionals <input type="radio"/> Kingston South Frontenac Approved Professionals <input type="radio"/> Ottawa, Orleans, Nepean <input type="radio"/> Ontario Approved Professionals <input type="radio"/> All the above
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**Renewal of Section 2b – 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)*?      **Y** or **N**
- 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)*?      **Y** or **N**
- 2) Have you been charged with (where charges are still outstanding and unresolved) or been disciplined by any professional association or body?      **Y** or **N**
- 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?      **Y** or **N**

If YES to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you perform criminal checks on your employees?      **Y** or **N**

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

**Renewal of Section 6b – Insurance Information**

*(as applicable to your profession)*

Primary Applicant 6b.1	Type of Insurance: _____ Insurance Company: _____ Policy Number: _____ Phone: _____
6b.2	Type of Insurance: _____ Insurance Company: _____ Policy Number: _____ Phone: _____

<b><i>** Copy this Section and number for all additional applicants **</i></b>	
<b>Professional #</b> _____ 6b.1	Type of Insurance: _____ Insurance Company: _____ Policy Number: _____ Phone: _____
6b.2	Type of Insurance: _____ Insurance Company: _____ Policy Number: _____ Phone: _____
Do you have additional Insurances or coverages? <input type="radio"/> <b>YES</b> or <input type="radio"/> <b>No</b>	
If YES please explain & provide details: _____	
<i>*Ensure you provide the following copy(s) as proof of insurance, 1 per insurance will suffice.</i> <i>i) Certificate of Insurance (C.O.I.)</i> <i>ii) Letter from Insurance company: Policy #, Coverage(s), Expiry &amp; Maturity dates, Policy Holder Name</i> <i>iii) Copy of Insurance Policy</i>	
WSIB Number:	_____

### **Renewal of Section 7 – Code of Conduct Agreement**

As an **Approved Professionals Program** member, I have read the following Code of Conduct and agree to follow and adhere to the best of my abilities. This is a general Code of Conduct, for all Professionals to follow while serving the public.

- Service the clients with courtesy & respect.
- Maintain a clean, safe workplace.
- Present yourself in a tidy, clean & professional manor.
- 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 insurances and comply with all relevant regulations.
- Comply with all municipal by-laws and regulations.
- Encourage the use of Approved Professionals Program.

\_\_\_\_\_  
Prof. #1  
*(Initial)*

\_\_\_\_\_  
Prof. #2  
*\*Initial's for Additional Applicants as Required.*

\_\_\_\_\_  
Prof. #3

\_\_\_\_\_  
Prof. #4

\_\_\_\_\_  
Prof. #5

\_\_\_\_\_  
Prof. #6

***\*MUST be initialed to be considered a complete Renewal Application.***

### Renewal of Section 8 – Revocation of Rights

I understand that my failure to adhere to the guidelines of the Ontario Approved Professionals Program “Code of Conduct” will result in my removal from the Approved Professionals Program. I understand that if, for any reason my company’s Approved Professional certification is revoked or cancelled, the company has 15 days to cease and desist on all usage of the Approved Professionals Logo, references to any affiliations and services. Failure to do so will result in possible legal actions.

\_\_\_\_\_  
Prof. #1

(Initial)

\_\_\_\_\_  
Prof. #2

*\*Initial’s for Additional Applicants as Required.*

\_\_\_\_\_  
Prof. #3

\_\_\_\_\_  
Prof. #4

\_\_\_\_\_  
Prof. #5

\_\_\_\_\_  
Prof. #6

***\*MUST be initialed to be considered a complete Renewal Application.***

### Renewal of 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.

**Principal First/Last Name:** \_\_\_\_\_

**Principal email address:** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(2) Additional email address:

\_\_\_\_\_ Initial: \_\_\_\_\_

(3) Additional email address:

\_\_\_\_\_ Initial: \_\_\_\_\_

***\*This consent will be required from ALL STAFF MEMBERS that wish to receive updates and emails.***

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

## Renewal of Section 12 – Membership & Payment Information

Membership Type(s): Please select preference:

**Provincial Membership:**

☐ \$600.00 Plus HST **\$678.00**

\* All Three Divisions of Program Included.

☒ Leeds & Grenville Approved (LG AP)

☒ Stormont, Dundas, Glengarry Approved (SDG AP)

☒ Kingston South Frontenac Approved (KSF AP)

\* 1 Year Term Agreement.

Please Select your Primary Branch:

☐ Leeds & Grenville

☐ Stormont, Dundas, Glengarry

☐ Kingston South Frontenac

☐

☐

☐

Or

**Primary Division Membership:**

☐ \$300.00 Plus HST

**\$339.00 /Base Rate**

\* Primary Branch of Approved Program.

\* 1 Year Term Agreement.

Please Select your Primary Branch:

☐ Leeds & Grenville

☐ Stormont, Dundas, Glengarry

☐ Kingston South Frontenac

☐ Ottawa, Orleans, Nepean

☐

☐

Or

**Additional Division Add-On:**

☐ \$180.00 (Per Branch) Plus HST

**\$203.40 /Add-On**

\* Secondary Memberships to Primary Division.

\* 1 Year Term Agreement.

Please Select your Secondary Add-On Choices:

☐ Leeds & Grenville

☐ Stormont, Dundas, Glengarry

☐ Kingston South Frontenac

☐ Ottawa, Orleans, Nepean

☐

☐

**\*\* Invoices will be issued upon Renewal Approval.**

## Renewal of Section 9 – Sworn Declaration

I (Applicant), \_\_\_\_\_ of (City) \_\_\_\_\_  
solemnly declare that all the information and statements contained in the 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

Date

X

Signature

Date

X

Signature

Date

**\*MUST be signed to be considered a complete Application for Renewal.**

**Renewal of Section 15 – Membership Approval - FOR OFFICE USE ONLY**

Membership Approval Criteria:

- All Profession / Trade required Insurances / Certifications/ Licenses in place
- Company / Business work with good community presence / reputation.
- Application accurate & complete.
- Membership fees paid.

This Application will be under review by our Membership Review Board, a confidential review panel of professionals. We will be reviewing and confirming the provided information and be in contact with the board's decision within 5 - 10 business days.

**RENEWAL APPLICATION APPROVED**      ☐ **YES**      or      ☐ **NO ( If No, Comment )**

**MEMBERSHIP LEVEL SELECTION:**

- ☐ **Ontario Approved Professionals**
- ☐ Leeds & Grenville Approved Professionals
- ☐ Stormont Dundas Glengarry Approved Professionals
- ☐ Kingston South Frontenac Approved Professionals
- ☐
- ☐

**PRIMARY [ HOME ] DIVISION SELECTION:**

- ☐ Leeds & Grenville Approved Professionals
- ☐ Stormont Dundas Glengarry Approved Professionals
- ☐ Kingston South Frontenac Approved Professionals
- ☐ *Ottawa, Orleans, Nepean*
- ☐

**APPLICATION RENEWAL MONTH :** \_\_\_\_\_

X \_\_\_\_\_  
President or Divisional Chair Signature

\_\_\_\_\_  
Date

**UNDER REGULATION OF THE ONTARIO<sup>div.</sup> APPROVED PROFESSIONALS PROGRAM**



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Professionals  
for all of Ontario!**





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# Helping You Achieve a Hassle-Free Renewal

Please see below for a checklist of the most common items for Renewals that are “forgotten” when submitting your Membership Renewal Application.



## UPDATED / CURRENT INSURANCE

- (i) Copy of all COI's (Certificate of Insurance)
- (ii) Insurance expires annually so ensure we have a valid record of your current Insurance Policies.
- (iii) Mailing address & contact info changes. Changing offices? New email? Make sure to fill out Section 1 with any updates!
- (iv) Confirm web listing is satisfactory.



## UPDATED / CURRENT INFO

- (i) WSIB Clearances
- (ii) Updated & New Certifications, Training or Education.



## SIGNED APPLICATION

- (i) Code of Conduct & Revocation of Rights
- (ii) Updated & Signed Anti-Spam
- (iii) Sworn Declaration

*and lastly but most importantly*  
**We are so happy to**  
**have you renewing with us.**  
**Thank You !**