

# Application to Participate on the **COMMISSION ON ACCREDITATION**

Application Date:

Name:

Position Title:

Organization:

Business Address:

City or Town:

Business Phone:

Email Address:

This organization  
is accredited as Level 1  
Level 2

P.Code:

Fax:

## **Briefly describe any direct experience you've had in the following areas**

CET (Level 1 or 2?) and/or  
other Accrediting Process or Body:

Persons w/Developmental Disabilities  
and/or Disability Services Division:

Mental Health Services:

Brain Injury:

Children's Services:

Seniors' Services:

Aboriginal Services:

Other:

## **Why you are interested in participating on the Commission on Accreditation?**

Thank you for applying to be a member of the Commission Accreditation.

Just click on the  button to send your form to the Standards and Accreditation Department.

We will review your form and contact you to discuss it.