Application for Membership

* All Sections must be completed. Incomplete applications, or applications with insufficient detail, will not be processed and will be returned to the Applicant.
* The Accreditation Committee member assigned to review your Application for Membership may contact you or your Sponsor to obtain additional details about any of the information listed on this Application.
* Please type or print information in the applicable fields.
* Please upload this form, as well as evidence of your completion of a degree from a post-secondary academic institution or university (see Section B of this Application From) on the CBV Institute website at <https://cbvinstitute.com/membership-application/>.
* Please retain a copy of this Application for your files.

**FOR QUESTIONS, PLEASE CONTACT:**

Director of Education and Accreditation

[education@cbvinstitute.com](mailto:education@cbvinstitute.com)

CBV Institute

277 Wellington Street West, Suite 808

Toronto, Ontario

M5V 3H2

cbvinstitute.com

1. Applicant INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Salutation:  Mr.  Mrs.  Ms.  Miss  None | | | Date: Click or tap to enter a date. | |
| Surname (Last name):  Click or tap here to enter text. | |  | Given name(s):  Click or tap here to enter text. | |
| Names of Employer / Organization:  Click or tap here to enter text. | |  | CBV Institute Student ID:  Click or tap here to enter text. | |
| Email:  Click or tap here to enter text. | |  | Phone:  Click or tap here to enter text. | |
| **MEMBERSHIP CERTIFICATE** | | |  | |
| State your preference as to how you want your name to appear on the Membership Certificate. | | | | |
| First Name: | Click or tap here to enter text. | | | |
| Middle Name(s) / Initial: | Click or tap here to enter text. | | | |
| Last name: | Click or tap here to enter text. | | | |
| **MEMBERSHIP QUALIFICATION EXAM COMPLETION** | | | | |
| Year in which the MQE was successfully written: | | | | Click or tap here to enter text. |

1. Academic qualifications

|  |
| --- |
| Please provide evidence of your completion of a degree from a post-secondary academic institution or university in Canada or another country, which has authority to grant degrees (see CBV Institute’s Education Requirement policy here <https://cbvinstitute.com/policies/>) Acceptable evidence may include official or unofficial transcripts, a copy of the degree, or similar documentation. The evidence must include your name, date of completion, the institution which granted the degree, and the type of degree (e.g., Bachelor of Commerce). |
| I have attached the appropriate documentation that meets the education requirements in this Application. |

1. EMPLOYMENT HISTORY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization / Employer | City and Country | Position / Title | Period | |
| From | To |
| Click or tap here to enter text. | Click or tap to enter text. | Click or tap here to enter text. | Click or tap to enter. | Click or tap to enter. |
| Click or tap here to enter text. | Click or tap to enter text. | Click or tap here to enter text. | Click or tap to enter. | Click or tap to enter. |
| Click or tap here to enter text. | Click or tap to enter text. | Click or tap here to enter text. | Click or tap to enter. | Click or tap to enter. |
| Click or tap here to enter text. | Click or tap to enter text. | Click or tap here to enter text. | Click or tap to enter. | Click or tap to enter. |
| Click or tap here to enter text. | Click or tap to enter text. | Click or tap here to enter text. | Click or tap to enter. | Click or tap to enter. |
| Click or tap here to enter text. | Click or tap to enter text. | Click or tap here to enter text. | Click or tap to enter. | Click or tap to enter. |
| Click or tap here to enter text. | Click or tap to enter text. | Click or tap here to enter text. | Click or tap to enter. | Click or tap to enter. |
| Click or tap here to enter text. | Click or tap to enter text. | Click or tap here to enter text. | Click or tap to enter. | Click or tap to enter. |

1. work experience

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description of Experience1 | Organization / Employer2 | Number of Hours | | Period3 |
| Core | Non-Core |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter. | Click or tap to enter. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter. | Click or tap to enter. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter. | Click or tap to enter. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter. | Click or tap to enter. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter. | Click or tap to enter. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter. | Click or tap to enter. | Click or tap here to enter text. |
|  | **TOTAL HOURS:** |  |  |  |

1. All experience must be obtained prior to submitting an Application. See the CBV Institute’s Experience Requirements policy here - https://cbvinstitute.com/policies/) for clarification. To maintain confidentiality, the identity of the actual parties involved do not need to be disclosed; however, the following information is required in detail:

* Type of industry or business involved
* The purpose of the work (e.g., acquisition of a company, litigation, income tax reorganization, etc.)
* The nature of the experience (e.g., was the Applicant the main party completing the work, or was the Applicant assisting another party?)

Please provide a detailed description of your experience, so that the reviewer of your Application can gain an in-depth understanding of your experience, and be confident that your experience meets the requirements in the CBV Institute’s Experience Requirements policy.

1. Must be an organization listed in Section C of this Application.
2. Please indicate the month and years in which this experience was obtained (e.g., June 2015 to February 2017).

The CBV Institute may, at its discretion, return applications to Applicants if the level of detail provided is insufficient. Reviewers of Applications may, at their discretion, contact Applicants and/or the Applicant’s Sponsor(s), to request additional information or ask questions regarding any information provided by the Applicant and/or Sponsor on the Application.

1. APPLICANT SPONSORSHIP

CBV Institute has a mandatory Sponsorship requirement for every Applicant seeking the CBV/EEE designation.

**DEFINITION OF A SPONSOR**

* A Sponsor is defined as a person who has a direct working relationship with the Applicant (preferably someone who has a supervisory role to the Applicant), who will attest to the length and nature of the work experience of the Applicant.
* The Sponsor can be from the Applicant’s current or former organization(s).

**APPLICANT’S RESPONSIBILITY**

* It is the Applicant’s Responsibility to find a Sponsor and obtain the Sponsor’s signature on this Application. If the Applicant is unable to find a willing Sponsor, the Applicant may contact the Institute for assistance.

**SPONSOR’S RESPONSIBILITY**

* The Sponsor’s role and responsibility is to attest that, to the best of his/her knowledge, the Applicant has performed the experience described in this Application. The experience should be described by the Applicant in sufficient detail so that the reviewer can gain an in-depth understanding of the experience.
  + If the Applicant’s Sponsor is a CBV, the CBV Sponsor must complete Section 1 on page 6 and sign Sponsor Declaration A on page 7.
  + If the Applicant’s Sponsor is not a CBV:

1. The non-CBV Sponsor must complete Section 1 on page 6 and sign Sponsor Declaration B on page 7, and
2. The Applicant must select a CBV to act as a Co-Sponsor. The CBV Co-Sponsor must complete Section 2 on page 8 and sign the Co-Sponsor Declaration on page 8. In the event that the Applicant is unable to select a CBV to act as a Co-sponsor, the Applicant may contact the Institute for assistance.

* The Sponsor and Co-Sponsor must be willing to discuss the Applicant’s experience (and other information provided in this application) with a CBV selected by the Institute as a reviewer of this Application.

**SECTION 1**

Sponsor Questionnaire

|  |  |
| --- | --- |
| Sponsor’s Name: | Click or tap here to enter text. |
| Employer / Organization: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. |
| Degrees / Designations: | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| 1. I have reviewed this Application. | Yes  No |
| 1. Please indicate how long, in years, you have known the Applicant: | Click or tap to enter. |
| 1. Please indicate how long, in years, you have had a professional working relationship with the Applicant: | Click or tap to enter. |
| 1. Please indicate the degree of professional interaction you have had with the Applicant: | Low Moderate High |
|  |
| 1. Please provide any other comments regarding your overall impression of the Applicant and your reasons for sponsorship: | |
| Click or tap to enter. | |

1. Declaration (if Sponsor is a CBV)

|  |  |  |  |
| --- | --- | --- | --- |
| I have completed the Questionnaire to the best of my knowledge and am satisfied that Name of Applicant has performed the experience described on page 4 of this Application, and that such experience satisfies the requirements under the CBV Institute’s Experience Requirements policy (<https://cbvinstitute.com/policies/>). In my opinion, the Applicant is of good character and reputation, and I recommend this Applicant for Membership. | | | |
| Signature: |  | | Date: |
|  | |  | Click or tap to enter a date. |

1. Declaration (if Sponsor is not a CBV)

|  |  |  |  |
| --- | --- | --- | --- |
| I have completed the Questionnaire to the best of my knowledge and I am satisfied that Name of Applicant has performed the experience described on page 4 of this application form. In my opinion, the Applicant is of good character and reputation | | | |
| Signature: |  | | Date: |
|  | |  | Click or tap to enter a date. |

**SECTION 2**

Co-Sponsor Questionnaire (to be completed by CBV if Sponsor is not a CBV)

|  |  |
| --- | --- |
| Co-Sponsor’s Name: | Click or tap here to enter text. |
| Employer / Organization: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. |
| Degrees / Designations: | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| 1. I have reviewed this Application. | Yes  No |
| 1. I have interviewed the Sponsor in Section 1. | Yes  No |
| 1. I have interviewed the Applicant. | Yes  No |
| 1. Please provide any other comments regarding your overall impression of the Applicant and your reasons for sponsorship: | |
| Click or tap to enter. | |

Co-Sponsor Declaration

|  |  |  |
| --- | --- | --- |
| I have performed the necessary due diligence and am satisfied that the experience described by Name of Applicant on page 4 of this Application satisfies the requirements under the CBV Institute’s Experience Requirements policy (<https://cbvinstitute.com/policies/>). I believe the Sponsor’s endorsement of the Application to be true and accurate. As such, I recommend this Applicant for Membership. | | |
| Co-Sponsor’s Signature: |  | Date: |
|  |  | Click or tap to enter a date. |

1. Character and reputation

|  |  |
| --- | --- |
| This form is to be completed by the Applicant: | |
| 1. Have you ever been found guilty of any criminal offense under statute in any jurisdiction in Canada or abroad? | Yes  No |
|  |  |
| 1. Has judgment ever been entered against you in an action involving fraud? | Yes  No |
|  |  |
| 1. Have you ever been suspended, disqualified, censured or disciplined as a member of any professional organization? | Yes  No |
|  |  |
| 1. Is there any event, circumstances, conditions, or matter not yet disclosed in your replies to the preceding questions touching upon your conduct, character or reputation that might be an impediment to your admission? | Yes  No |

If you have answered “yes” to any of the questions above, please attach full details with this Application.

|  |  |
| --- | --- |
| I hereby acknowledge that I have a continuing obligation to keep responses to the questions in this section current, complete and correct. I undertake to file additional information should the response to any question change until the earlier of the date that my Application for Membership is not accepted, to the date of admission as a Member of the Institute after which I hereby agree to uphold the Code of Ethics of the Institute. | |
| Applicant’s Signature: |  |
| Date: | Click or tap to enter a date. |

1. Applicant confirmation

|  |  |  |  |
| --- | --- | --- | --- |
| I hereby authorize the Institute to conduct such reasonable investigations in relation to my Application for Membership, as the Institute may deem proper, including a review of a sample of work products in which I have been significantly involved. | | | |
| If my Application for Membership is accepted, I hereby agree to uphold the Code of Ethics of the Institute. | | | |
| I believe myself to be qualified for Membership into The Canadian Institute of Chartered Business Valuators, and I hereby certify that all the information I have provided in this Application is true. | | | |
|  |  | | |
| Applicant’s Signature: | | |  |
| Date: | | | Click or tap to enter a date. |