

# APPLICATION FOR ACCREDITATION

## PERSONAL INFORMATION

CONFIDENTIAL

### NAME

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LAST	FIRST	INITIAL(S)
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### ADDRESS

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STREET	CITY	PROVINCE
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POSTAL CODE	WORK TEL.	HOME TEL.
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FAX	EMAIL
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Number of years in public relations practice: \_\_\_\_\_ Year CPRS membership activated: \_\_\_\_\_

### REFERENCES

Please list three references who can attest to your standards of professional conduct. They should also be able to indicate your standing among professional categories as a representative of the practice of Public Relations. Two references must be accredited members of CPRS in good standing (APR). The third reference may be from among present or former employers or clients, or others who have worked closely with you. National Council on Accreditation members should not be used for references.

#### NAME

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LAST	FIRST	TITLE
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#### ADDRESS

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COMPANY	STREET	PROV.	P.C.
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PHONE	EMAIL
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#### NAME

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LAST	FIRST	TITLE
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#### ADDRESS

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COMPANY	STREET	PROV.	P.C.
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PHONE	EMAIL
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#### NAME

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LAST	FIRST	TITLE
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#### ADDRESS

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COMPANY	STREET	PROV.	P.C.
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PHONE	EMAIL
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**GENERAL INFORMATION**

Please attach a **current résumé** listing employment history, education, interest and all voluntary public relations activities within the community. Applicants **must also** submit a one-page work sample overview explaining the nature and scope of the proposed work sample and extent of their role in the project.

Do you practice or teach public relations, or administer a full-time public relations department for more than half of your working time?  Yes  No

If you are awarded Accreditation, how do you wish your name to appear on your certificate?

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If you are awarded Accreditation, would you like your work sample  Destroyed  Sent to the National Resource Library (electronic copy)

- I agree the above facts are correct.
- I agree to abide by the final decision of the National Council on Accreditation and its examiners in the matter of my Accreditation.
- I agree to allow the National Council on Accreditation to make any inquiries to my references to ascertain my eligibility for Accreditation.

CPRS will not contact any other individuals without your consent.  
If you have any questions about how this information will be used please contact Karen Dalton, CPRS Executive Director.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

NOTE: The Accreditation Chair in your Society may offer a variety of services to candidates including information sessions, coaching, mentoring, etc. Please note that due to confidentiality and privacy, you must get in touch with your own local accreditation chair to notify him or her of your application.

Accreditation fee is \$425 + HST and can be paid by credit card or cheque made payable to Canadian Public Relations Society. Please contact National Office at **416 239 7034** for the exact total payable and to provide your credit card information by phone, if so desired.

**Applications will not be processed without full application fee**

CARD NO. \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Please submit this completed form or the equivalent on your own stationery with your accreditation application by December 1<sup>st</sup> (or the next working day, if December 1st is a holiday).**

## **Work Sample Overview – guidelines for preparation**

**Please submit the Work Sample Overview on or before December 30<sup>th</sup>.**

Please describe the project you intend to submit for the work sample component of your accreditation process and ensure your one-page description outlines the scope of the project and your role in it, and contains at least the following information:

### **Scope:**

- An overview of the project
- The organizational and PR goals the project was intended to serve and how these relate to the evaluation of your project
- The approximate date of project completion\*

### **Your role:**

- Your involvement in the decision to launch the project, or the point at which you became the lead PR practitioner for the project
- A discussion of your role in the research, analysis, communication and evaluation related to the project
- Whether you worked alone, as team leader, or as a member of a team
- What staff or consultant support was available for the project

\* A work sample will be considered eligible if it was initiated, completed and evaluated within **three** years prior to your application).

For more information on the work sample overview, work sample requirements and the accreditation program in general, please see the **Accreditation Handbook**.

## Accreditation Work Sample Overview Template

The following form is designed to assist you in completing your work sample overview. This step in the process was established to ensure that your work sample meets the ownership requirement and that the project is of sufficient scope. Introducing this step has reduced the number of candidates disqualified for lack of ownership or scope and has reduced the number of work sample failures.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### SCOPE

1. Describe your project (max. 100 words):
2. In point form, list the organizational and PR goals the project was designed to support:
3. In point form, list the outcomes achieved by this project (i.e. how your stated goals were met):
4. When was this project completed:

### ROLE / OWNERSHIP

1. At what point in the project did you get involved?
2. Briefly summarize your role in each of the following stages of the project:
  - a. Research -
  - b. Analysis -
  - c. Communication -
  - d. Evaluation -
3. Were you:
  - The sole person working on this project,
  - The project team leader, or
  - A member of the project team?
4. Briefly describe any staff, consultant or contractor support you received on this project: