



## EXPERIENCE VALIDATION FORM

**Note:** All pages except the validation page must be initialed by the supervisor and Validating Member that sign the Validation page. The signed original should be forwarded to the Membership Chair. Candidates are advised to make and keep a copy for their own records.

### CANDIDATE INFORMATION

Candidate's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Daytime Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
Job Title \_\_\_\_\_  
Name of Employer \_\_\_\_\_

### EXPERIENCE DESCRIPTION

Name or Title of Experience \_\_\_\_\_

Location \_\_\_\_\_

Scale \_\_\_\_\_

Process \_\_\_\_\_

Subject \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Duration \_\_\_\_\_

Reporting Relationship \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Initials

## DESCRIPTION OF DUTIES PERFORMED

*The candidate may use this sheet or may attach a typed or printed description. Any such description must be signed by the candidate. Additional sheets may be attached as necessary.*

**1. Describe accurately the work which you have personally done, indicating your specific degree of responsibility for work which was carried out jointly with others, and indicating the relationship of this work to the definition of responsible planning experience.**

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Candidate's Signature

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Date

Initials

**2. Describe the Relationship of the Work Experience to public Policies and Programs**

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Candidate's Signature

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Date

Initials

**VALIDATION**

*Both parts must be signed. They may be signed by the same person where the candidate's supervisor is a Full Member. The supervisor and the Full Member (where not a supervisor) must also initial each page of the Experience Validation Form. Self-Employed candidates should consult the Membership Chair*

**By Candidate's Supervisor**

**Name, Address and phone no. of supervisor** \_\_\_\_\_

As the supervisor of this candidate at the time of the work experience, I hereby confirm that the preceding description of duties performed is correct.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**By Full Member Familiar with Candidate's Work**

**Name, Address and phone no. of Full member** \_\_\_\_\_

As a professional  supervisor  colleague of this candidate at the time of the work experience, I hereby confirm that I have a personal familiarity with the candidate's work as described in the preceding page(s), and confirm that it is valid and that it meets the definition of "responsible professional planning experience" as appears at the bottom of this page.

\_\_\_\_\_  
Signature of Validating Member

\_\_\_\_\_  
Date

**DEFINITION:** "Responsible Professional Planning Experience" means work;

- a) comprising analysis, projection, design or program development which specifically requires consideration of the inter-relationships of space and time among resources, facilities and activities and which expresses this consideration in a manner to influence the disposition of land or the allocation of resources, facilities, or services
- b) which shows specific relationship to public policies or programs for controlling or influencing the development of communities,
- c) which comprises a substantive component of initiative, judgement, substantial involvement and personal accountability or definition or preparation of significant elements of the program of work.