



SCHEDULE A
Continuing Professional Development Program
Structured Training Reporting Form
October 1, 2023

This form is intended to be used for Members registered under the CBCO / BCQ stream to submit a summary of the completed Structural Training Credits. These credits are required to have supported documentation through a certificate of completion for the structured training through the training provider or confirmation of completion of course through a signed document by the Director of the Department, Chief Building Official, Clerk or CAO for the Municipality.

These credits are valued at one (1) credit per one hour of participation in the activity of choice. It is the responsibility of a member to achieve a minimum of 30 Occupational Structured Training Credits per CPDP cycle (3 years) in this category. It is also the member's responsibility to track and record the activity, hours and credits as well maintaining all supporting documents for auditing purposes for up to one full year past the completion of a cycle.

Submission of Reporting Form

It is preferable for members to complete this form upon completion of the training and provide the certificate or signed document to provide proof of the completion of the education course. If the course provider uploads the completion of the program to the OBOA, this document is not required to be submitted but is ultimately the responsibility of the owner to ensure this is completed.

Structured Training	Credits and Hours	Maximum Credits Available per Cycle
See Policy for training descriptions	One hour of training is equivalent to one credit	Maximum 30 credits per cycle

Structured Training Education Training (please print clearly)

Name of Member: _____ OBOA Member Number: _____

Email Address: _____ Phone number: _____

Current Employer: _____

Date of Training: _____

Training Course Name: _____

Training Provider: _____

Number of days of Training: _____

Number of hours per day: _____

Certificate received: Yes _____ No _____ (If not is checked off, page 3 to be completed by approval authority)

Date of Certificate: _____

Member Signature: _____

Please see page two (2) for approval by another authority for the case of no certificate available upon completion of course. Documents are to be provided to provide information about the course taken and any evidence of attendance at the course.

To be filled out by Director of Department, Chief Building Official, Municipal Clerk or CAO if a certificate of completion is not available. (Please print clearly)

I, _____, _____ for the Municipality of _____
(insert name) (insert position) (insert Municipality)

Declare that _____ completed the training Course _____
(insert name of member) (insert name of course)

Completed the training course as described on page 1 of this Schedule and no certificate is available as proof of course completed.

(Signature of Approval Authority)

(Date)