

CERTIFIED AQUATIC PROFESSIONAL (CAP)

STEP I: APPLICANT CONTACT INFORMATION

..... EMAIL

MR
 MS

FIRST NAME LAST NAME

.....

TITLE/POSITION EMPLOYER

HOME
 BUSINESS

ADDRESS

.....

TOWN/CITY PROVINCE/STATE POSTAL/ZIP CODE

.....

HOME PHONE BUSINESS PHONE

STEP II: DESIGNATION REQUIREMENTS

I, certify that I have successfully completed the following requirements in order to be awarded the Certified Aquatic Professional (CAP) designation.

- hold "Individual Membership" in the ORFA
- have Grade 12 education
- have two years full-time work experience in aquatic facility operations
- have completed the following ORFA-approved courses with a minimum 60% passing grade:
 - Essentials of Swimming Pool Operations
 - Aquatic Facility Operations – Beyond the Basic
 - Aquatic Program Administration
 - Legal 1

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NAME OF AUTHORIZED REPRESENTATIVE (PLEASE PRINT) TITLE

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AUTHORIZED REPRESENTATIVE'S SIGNATURE BUSINESS PHONE

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APPLICANT'S SIGNATURE APPLICATION DATE

NOTE: All CAP holders are required to recertify every five years.

STEP III: STATEMENT OF DECLARATION AND CODE OF ETHICS

I wish to apply for an ORFA professional designation and to the best of my knowledge, the information presented as part of this application is true and correct. I understand the ORFA reserves the right to confirm this information, as required. If I am awarded an ORFA professional designation I agree to abide by the Code of Ethics and understand that I must maintain an individual membership with the ORFA.

ORFA professional designation holders shall:

- hold learning and continuing professional development as fundamental to support and promote the Association's professional designation programs
- demonstrate respect for client dignity and rights and foster practices of inclusion in all aspects of professional activity
- not knowingly contravene or cause to be contravened, any legislation, act, regulation or by-law which relates to their position or the registration program
- be aware of the responsibility to client, employer and community, and to minimize the risk of injury or liability
- strive to maintain the community and employer trust and refrain from any inappropriate practice which may lead to or appear to lead to personal gain
- hold personal knowledge and information gathered in normal business activity as confidential and immediately acknowledge any and all appearance of conflict of interest
- practice and encourage a code of moral behaviour anticipated by our clients, employers and Association.

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SIGNATURE OF APPLICANT DATE

STEP IV: APPLICATION SUBMISSION Please forward your completed application form to: Ontario Recreation Facilities Association Inc., 1 Concorde Gate, Suite 102, Toronto, ON M3C 3N6.