



Ontario
Professional
Planners
Institute

Institut des
planificateurs
professionnels
de l'Ontario

Validation Form – Record of Practical Work Experience (Logs)

SPONSOR: I hereby certify that I have reviewed materials provided by the Ontario Professional Planners Institute regarding the duties and responsibilities inherent in being the Sponsor of a Candidate (Provisional) Member of OPPI, and avoiding “conflict of interest” situations.

<p>Date:</p> <input type="text"/>
<p>Print Name:</p> <input type="text"/>
<p>Sign Name:</p>

REGISTRAR: On the basis of the foregoing certification, I, as Registrar of the Ontario Professional Planners Institute, hereby “approve” the above-noted Sponsor for the purpose of validating the Records of Practical Work Experience and Log Books of Candidate (Provisional) Members.

<p>Date:</p> <input type="text"/>
<p>Print Name:</p> <input type="text"/>
<p>Sign Name:</p>

CANDIDATE (PROVISIONAL) MEMBER: I certify that the Record of Practical Work Experience which I submitted to my Sponsor is accurate and represents a true record of my planning work experience:

<p>Date:</p> <input type="text"/>
<p>Print Name:</p> <input type="text"/>
<p>Sign Name:</p>

SPONSOR: I certify that I have read and reviewed this Candidate (Provisional) Member's completed Record of Practical Work Experience; that I am satisfied that the work described was carried out; and that I am fully satisfied that the reported work constitutes acceptable responsible professional planning experience, as defined by the standards and requirements of the profession; and I confirm that the Candidate (Provisional) Member has now completed ALL of the professional planning experience that is required of them to move towards Full Membership.

Date:

Print Name:

Sign Name:

Mail to: OPPI, 234 Eglinton Avenue East, Suite 201, Toronto ON, M4P 1K5, Attention: Registrar