

# REQUEST FOR ACCREDITATION

## APPLICATION FORM

This form is for new applicants only.

To submit your application, please download the *Request for accreditation* form and return it to ACPQ's administrative address: ACPQ, P.O. Box 1111, Station B, Montreal, Qc, H3B 3K9.

I, the undersigned, having read and understood the [requirements for accreditation](#), wish to express my support for our profession and be accredited as a *professional researcher* and **associate member\*\*** of ACPQ.

### Candidate:

Dr \*Surname: \_\_\_\_\_ \*First Name: \_\_\_\_\_ Mr. \_\_\_ / Ms. \_\_\_

### Current position

\*Title: \_\_\_\_\_

\*Institution: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

\*Tel: (Office): \_(\_\_\_\_)\_\_\_\_\_/ ext: \_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_

\*E-mail: \_\_\_\_\_@\_\_\_\_\_

## Education and training

\*Ph.D. diploma conferred (year of graduation yyyy): \_\_\_\_\_

\*Graduated from (Institution): \_\_\_\_\_ \*Country: \_\_\_\_\_

## Experience and awards

\*Are you currently, under a *career development award* program: YES \_\_\_\_\_ NO \_\_\_\_\_

\*Source (government agency, private foundation, others): \_\_\_\_\_

\*Expiration (mm/yyyy): \_\_\_\_/\_\_\_\_

\*Have you retired from the profession: YES \_\_\_\_\_ as of (yyyy) \_\_\_\_\_ NO \_\_\_\_\_

\*Are you, currently, or have you ever been, the recipient of an ***operating grant***: YES \_\_\_ NO \_\_\_

\*Date of expiration of your current, or last, operating grant (mm/yyyy): \_\_\_\_/\_\_\_\_

Your field of research: \_\_\_\_\_

Subject matter and central theme of your research program: \_\_\_\_\_

\*Required fields: this information is necessary for the study of your application. ACPQ will only process completed accreditation requests.

\*\* Associate member's status is approved and granted upon ratification by ACPQ of the accreditation request. Accreditation grants the researcher the titles, rights and privileges of a *professional researcher* and those of an *associate member* of ACPQ.

To become an [active member](#)

[Policy of confidentiality and protection of personal information.](#)