



APPLICATION FORM AFFILIATE/TRANSFER

Use this form if you are a member of another CTTIC
membersociety or OTTIAQ and would like to either join
ATIO as an affiliate or transfer to ATIO.

ADMISSION CRITERIA

You are a Candidate for Certification or a Certified Member of a CTTIC member society or of OTTIAQ.

You must be in good standing at your home association at the time of submitting your complete application package to ATIO. Applications must list all language combinations but must be submitted separately for different professions. Your package must include:

1. Application form.
2. A letter from your home association attesting that you are in good standing for the current membership year, your professional title and language combination.
3. Appendix A from the Mutual Recognition Agreement is required.

Please select the type of application you are submitting:

Transfer to ATIO. I am leaving my home association.

Join ATIO as an Affiliate. I am staying at my home association.

CONTACT INFORMATION

First and Last Name:		Preferred Name:	
Native language:	Title: Mr. Ms. Mrs.	Telephone:	
Mailing address:		Email:	
City:	Province:	Postal code:	
Preferred language of correspondence: EN FR		Date of Birth:	

Association: CTINB ATINS ATIO ATIM ATIS ATIA STIBC OTTIAQ

LANGUAGE COMBINATION AND PROFESSION

One language combination or pair per submission

Translator Interpreter: Conference Court Community Medical Terminologist

Language Combination/Pair

All that apply:

You must complete this form for each professional category.

Non-refundable application fee: \$120 plus tax

Applications will only be reviewed upon receipt of the application fee.

Applications paid by credit card must be submitted electronically to application@atio.on.ca

Applications paid with a cheque must be submitted via regular mail to:

1 Nicholas Street, Suite 1202, Ottawa, Ontario, K1N 7B7

(Please do not submit your application using both methods)

PAYMENT INFORMATION

Payment type: Visa MasterCard Cheque (payable to ATIO)

The ATIO office will call you at the number you provided to process your payment if using a credit card.

SUPPORTING DOCUMENTS

The following supporting documents must accompany this signed and dated application form.

This application form. For multiple professions, a new form is required for each, even if submitted simultaneously.

The application fee.

A copy of your official letter attesting that you are a member in good standing with a professional association under CTTIC or with OTTIAQ.

A signed and complete copy of Appendix A and Appendix B of the Mutual Recognition Agreement for each language combination/pair and profession.

IMPORTANT, MUST-READ INFORMATION

Upon receipt of a signed copy of the ATIO Code of Ethics and payment of Annual Dues, accepted Certified Members will receive the following:

1. An ATIO Certificate Number.
 - a. If a member is certified in more than one profession, they will receive a unique number for each certification relative to that profession.
2. An ATIO Certificate.
3. An ATIO membership card.
4. The ability to purchase an ATIO self-inking stamp or embossing seal (when available).
5. The right to vote during ATIO General Meetings.

Approved Affiliate Candidates for Certification are eligible to either write the CTTIC Certification Exam OR submit an application for certification by on-dossier.

Affiliates pay reduced ATIO Annual Dues when ATIO is **not the home association.**

- a. Affiliation status must be proven annually at the time of renewal. Affiliates must be in good standing for the renewal year at their home association before renewing at ATIO.
- b. *If there is an overlap (i.e. 2021-2022 and 2022-2023), either is acceptable.*
- c. *Proof must be received in the form of an attestation letter or receipt, or membership card plus receipt.*

SIGNATURE

I have read and understand all instructions on this form as well as on the ATIO website.

I have completed this form as indicated.

I have included the required documents.

I authorize the verification of the information provided on this form and in the attached documents.

Applicant's signature:

Date:

Please submit this form and all supporting documents to: application@atio.on.ca