

## APPLICATION FORM ON-DOSSIER CERTIFICATION TRANSLATION

Member of the Canadian Translators, Terminologists and Interpreters Council (CTTIC)

First and Last Name:

Translators are professional communicators who translate written documents from one language to another.

| Native language:   |   | Title: Mr.           | Ms.    | Mrs.                   |       | Telephone:       |                    |
|--|---|----------------------|--------|------------------------|-------|------------------|--------------------|
| Mailing address:   |   |                      |        | Email:                 |       |                  |                    |
| City:  |   |                      | Pro    | Province: Postal code: |       |                  |                    |
| Language of corresponder   | age of correspondence: EN FR Date of Birth: |                      |        |                        |       |                  |                    |
| LANGUAGE COMBINATION   |   |                      |        |                        |       |                  |                    |
| (You translate FROM what language TO what language?) One Combination per Application   |   |                      |        |                        |       |                  |                    |
| Source Language  |   |                      |        | Target Language        |       |                  |                    |
| EXPERIENCE   |   |                      |        |                        |       |                  |                    |
| Number of years of full-time experience, or equivalent part-time experience, in the category and language combination indicated above: |   |                      |        |                        |       |                  |                    |
|  |   | PRESEN               | T ST   | ATUS                   |       |                  |                    |
| Salaried *Freelance **Independant Retired  |   |                      |        | Retired                |       |                  |                    |
| *Accepts occasional assignments ** Self-employed in the field  |   |                      |        |                        |       |                  |                    |
| EDUCATION  |   |                      |        |                        |       |                  |                    |
| List all post-secondary studies. Attach certified copies of your college and/or university diplomas and transcripts.                   |   |                      |        |                        |       |                  |                    |
| Institution:   | Location:                                   | Program of           | Stud   | lies:                  | Di    | ploma obtained : | Year<br>From - To: |
|  |   |                      |        |                        |       |                  |                    |
|  |   |                      |        |                        |       |                  |                    |
|  |   |                      |        |                        |       |                  |                    |
|  | 1 Nichol                                    | as Street • Suite 12 | 02 • O | ttawa Onta             | rio K | IN 7B7           |                    |

**CONTACT INFORMATION** 

Preferred name:

1 rue Nicholas • Bureau 1202 • Ottawa (Ontario) K1N 7B7

| RECORD OF EMPLOYMENT                                      |  |                             |                     |                    |                |                |  |
|---|--|-----------------------------|---------------------|--------------------|----------------|----------------|--|
| Please list current and previous employers.               |  |                             |                     |                    |                |                |  |
| (If more space is required, please use a separate sheet.) |  |                             |                     |                    |                |                |  |
| <b>1</b> Employer:  | Supervisor (name, title and telephone number): |                             |                     |                    |                |                |  |
|   |  |                             |                     |                    |                |                |  |
|   |  |                             |                     |                    |                |                |  |
| Job title and classificati                                | ion:   |                             |                     |                    |                |                |  |
|   |  |                             |                     |                    |                |                |  |
| Language combination(s):                                  |  |                             | Employment period : |                    |                |                |  |
| Language Combination(s).                                  |  |                             |                     | From:              |                | To:            |  |
|   |  |                             |                     |                    |                |                |  |
|   |  |                             |                     | (Month) (Year)     |                | (Month) (Year) |  |
| <b>2</b> Employer:  |  | Supervisor (name, title and | d tel               | lephone number):   |                |                |  |
|   |  |                             |                     |                    |                |                |  |
|   |  |                             |                     |                    |                |                |  |
| Job title and classificati                                | ion:   |                             |                     |                    |                |                |  |
|   |  |                             |                     |                    |                |                |  |
| Languaga combination                                      | /s).   |                             |                     | Employment norio   | al.            |                |  |
| Language combination                                      | (S):   |                             |                     | Employment period: |                |                |  |
|   |  |                             |                     | From:              |                | То:            |  |
|   |  |                             |                     | (Month) (Year)     |                | (Month) (Year) |  |
| <b>3</b> Self-Employed: Type of Work:                     |  |                             | Employment period:  |                    |                |                |  |
|   |  |                             |                     |                    |                |                |  |
|   |  |                             |                     |                    |                |                |  |
| Language combination(s):                                  |  |                             | From:               |                    | То:            |                |  |
|   |  |                             | (Month) (Year)      |                    | (Month) (Year) |                |  |
| SPONSORS  |  |                             |                     |                    |                |                |  |
| 1 Name:   | Telephon                                       |                             |                     | Name:              | Telei          | phone:         |  |
| 2 Hame.   | relepilor.                                     | <b>C.</b>                   |                     | tanne.             |                |                |  |
| Title: Address:   |  | Title:                      |                     | Address:           |                |                |  |
|   |  |                             |                     |                    |                |                |  |
| 3 Name:   | Telephon                                       | e:                          |                     |                    |                |                |  |
|   |  |                             |                     |                    |                |                |  |
| Title:  | Address:                                       |                             |                     |                    |                |                |  |
|   |  |                             |                     |                    |                |                |  |

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| REFERENCES   |              |             |  |  |  |
|--|--------------|-------------|--|--|--|
| 1 Name:  |              | Telephone:  |  |  |  |
|  |              |             |  |  |  |
| Title:   |              | Address:    |  |  |  |
| 2 Name:  |              | Telephone:  |  |  |  |
| Z Name.  |              | receptione. |  |  |  |
| Title:   |              | Address:    |  |  |  |
|  |              |             |  |  |  |
| 3 Name:  |              | Telephone:  |  |  |  |
| Title:   |              | Address:    |  |  |  |
| ritie:   |              | Address.    |  |  |  |
|  |              |             |  |  |  |
| Non-refundable application fee: \$775 plus tax   |              |             |  |  |  |
| Submissions will only be reviewed upon receipt of the application fee.   |              |             |  |  |  |
| Payments by credit card must be submitted electronically to dossier@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 submission using both methods)  |              |             |  |  |  |
|  | PAYMENT IN   | IFORMATION  |  |  |  |
| Payment type:  | Visa Master( | 1 (1 /      |  |  |  |
| The ATIO office will contact you to process your payment.  |              |             |  |  |  |
| IMPORTANT, MUST-READ INFORMATION   |              |             |  |  |  |
| Very will be contacted by consil if the Conneteriot requires from the group outing degree at a sile at a submitted   |              |             |  |  |  |
| <ul> <li>You will be contacted by email if the Secretariat requires further supporting documents prior to submitting<br/>your dossier to the Recognition and Certification Committee.</li> </ul> |              |             |  |  |  |
| <ul> <li>Non-required documents will not be consulted, conserved, or returned to applicants. These documents</li> </ul>  |              |             |  |  |  |
| will be destroyed as per our administrative procedure.   |              |             |  |  |  |
| <ul> <li>The attached disclaimer must be completed and signed before proceeding to the next step of the process.</li> </ul>  |              |             |  |  |  |
|  |              |             |  |  |  |
| SIGNATURE  |              |             |  |  |  |
| ☐ I have read and understood 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.  |              |             |  |  |  |
| $\square$ 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: dossier@atio.on.ca

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【(613) 241-2846 • ➡ (613) 241-4098 • 【1-800 234-5030 • www.atio.on.ca • info@atio.on.ca



## ON-DOSSIER CERTIFICATION PROCESS WAIVER AND DISCLAIMER

Your on-dossier submission must include this form.

## **DISCLAIMER**

The on-dossier certification is intended for candidates for certification that are in good standing with ATIO. These candidates are experienced translators and interpreters who wish to have their competence recognized by their peers. It does not seek to identify aptitude or potential, but rather to attest to a candidate's professional skills. A candidate who can produce a translation that is faithful and idiomatic and requires little or no revision is deemed capable of practicing independently.

ATIO strongly encourages candidates to review the information and links found on the "How to Apply for On-dossier Certification" page on the ATIO Website.

Before deciding to submit an application, candidates must review the following information:

- All candidates for certification via on-dossier <u>must be in good standing during the entire process</u>.
   If a candidate fails to renew their membership, they will no longer be eligible to receive their results until dues have been reconciled.
- The Recognition and Certification Committee's evaluation takes up to <u>3 months for dossiers in the official languages</u> of Canada and up to <u>2 years or more for dossiers in foreign or rare languages</u>.
- The on-dossier application fee is non-refundable.

| I UNDERSTAND THE POSSIBLE DELAYS IN RECEIVING MY RES                           | ULTS. I ALSO UNDERSTAND I MUST PAY MY ANNUAL             |
|--|--|
| MEMBERSHIP DUES THROUGHOUT THIS ENTIRE PROCESS. II                             | nitials:   |
| WAIVER   |  |
| The candidate hereby acknowledges to pay annual dues irres evaluation process. | pective of the possible delays that may arise during the |
| I,, understand a   | nd accept the terms and conditions outlined above.       |
|  |  |
|  |  |
| Candidate's Signature  | Date   |