BCCSA COR® Internal Auditor Equivalency Application

Name | Birth Date | Company | Title

Mailing Address | City | Province | Postal Code

Work Phone | Extension | Cell Phone | Fax | Contact Email

The following **must** accompany this Equivalency Application Form:

☐ A valid COR® Auditor Certificate issued by another provincial construction safety association (i.e. Member of the CFCSA)

☐ A National COR® Audit Document completed within the last 1.5 years (18 months)

Expired certificates will not be accepted. BCCSA COR Auditor certificates issued will contain an expiry date that matches the expiration date on the original COR Auditor Certificate issued by the CFCSA Member Association.

The BCCSA will only grant equivalency once. Upon certificate expiry, the auditor must take the BCCSA 2 Day COR® Internal Auditor course and successfully complete the student audit assignment. Re-certification courses from other associations will not be accepted.

The BCCSA will only accept an application when the applicant has met all requirements and attached all necessary documentation. Incomplete applications will not be processed and returned to the applicant.

Applicant Signature (Please Type Name) | Date:

Submit by Email to: training@bccsa.ca

INTERNAL USE
Applicant has met all the requirements to become a COR Internal Auditor: ☐ Yes ☐ No

Reviewer Signature: _____   Date: _____