

BCCSA COR® INTERNAL AUDITOR EQUIVALENCY APPLICATION

The following must accompany this Equivalency Application Form:

_____ Name	_____ Birth Date	_____ Company	_____ Title
_____ Mailing Address	_____ City	_____ Province	_____ Postal Code
_____ Work Phone	_____ Extension	_____ Cell Phone	_____ Contact Email

- ☐ A valid COR® Internal Auditor Certificate issued by a [CFCSA member](#)
- ☐ A National COR® OHS Audit conducted by the applicant within the past 18 months (subject to BCCSA review and approval)
- ☐ A PHSM Certificate issued by a [CFCSA member](#)

Note: Expired COR® Internal Auditor certificates 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.

Important Information (Please Read):

- If approved, your BCCSA-issued COR® Internal Auditor equivalency certificate will reflect the expiry date of your original CFCSA member certificate, up to a maximum of three (3) years.
- Please note that all equivalency approvals, including certificate expiry dates, are determined at the discretion of the BCCSA.
- Equivalency is granted once only. After your certificate expires, you will be required to complete the BCCSA 2-Day COR® Internal Auditor course and successfully submit a student audit assignment.

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: _____