



APPLICATION TO BECOME A CMOS ACCREDITED CONSULTANT

1. Identification

Name and title to appear on certificate:

Position Title:

Company Name:

Office Address:

Office Phone:

Fax:

e-mail:

Home Address:

Home Telephone:

2. Education

a) Degrees: (Degree, Year completed, University, Specialisation)

1)

2)

3)

4)

b) Undergraduate and graduate theses: (Degree, Thesis title, Year, Supervisor)

1)

2)

3)

4)

c) Other relevant training, courses or qualifications

1)

2)

3)

4)

3. Relevant Work Experience in past five years

(employer, address, phone number, fax, e-mail)

a) Present Employer

b) Previous Employer

c) Other Relevant Professional Employment

(If there were more than two employers within the last five years please add additional information on a separate page)

4. Scientific, Technical or Other Professional Output

(List up to five publications and/or technical reports with dates published or details of other professional activities).

(Note: A brief description should be provided on each of the items noted)

a)

b)

c)

d)

e)

5. Professional Recognition

a) Membership:

b) Licences:

c) Patents:

d) Awards:

e) Other:

6. References

(Provide name, position, address, e-mail and phone number of two professional references who may be contacted by the Committee)

a)

b)

7. Areas of Specialization (The applicant may choose up to five [areas of specialization](#))

1)

2)

3)

4)

5)

8. Declaration

I certify that the statements made by me in the application and attachments are true and complete and I hereby apply to become a "Canadian Meteorological and Oceanographic Society Accredited Consultant". The Accreditation Committee is hereby authorized to contact my previous employers and professional references as provided in this application.

Signature: Date:

Mail or email completed forms to:

CMOS Accreditation Committee
c/o Executive Director
Canadian Meteorological and Oceanographic Society
P.O. Box 3211 Station D
Ottawa, Canada K1P 6H7
exec-dir@cmos.ca

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