

CERTIFIED RECREATION FACILITIES PROFESSIONAL (CRFP)

STEP I: APPLICANT CONTACT INFORMATION				
		EMAIL	EMAIL	
□ MR □ MS				
FIRST NA	AME	LAST NAME		
TITLE/POSITION	I	EMPLOYER		
	DDRESS			
AL	DUKE55			
TOWN/CITY		PROVINCE/STATE	POSTAL/ZIP CODE	
HOME PHONE	BUSINESS PHONE			
STEP II: DES	SIGNATION REQUIREMENTS			
I,			certify that I have successfully completed the	
following requirer	ments in order to be awarded the Certified Recreation I	acilities Professional (CRFP) designat	ion.	
□ provid □ have fi	 Legal II Leadership Skills for Recreation Facility Professiona Events Planning and Management Advanced Recreation Facilities Business Management 	ls ent l		
NAME OF AUTHORIZED REPRESENTATIVE (PLEASE PRINT)		TITLE		
AUTHORIZED REPRESENTATIVE'S SIGNATURE		BUSINESS PHONE		
APPLICANT'S SIGNATURE		APPLICATION DATE		

NOTE: All CRFP holders are required to recertify every five years.

STEP III: STATEMENT OF DECLARATION AND CODE OF ETHICS

I wish to apply for an ORFA professional designation and to the best of my knowledge, the information presented as part of this application is true and correct. I understand the ORFA reserves the right to confirm this information, as required. If I am awarded an ORFA professional designation I agree to abide by the Code of Ethics and understand that I must maintain an individual membership with the ORFA.

ORFA professional designation holders shall:

- hold learning and continuing professional development as fundamental to support and promote the Association's professional designation programs
- demonstrate respect for client dignity and rights and foster practices of inclusion in all aspects of professional activity
- not knowingly contravene or cause to be contravened, any legislation, act, regulation or by-law which relates to their position or the registration program
- be aware of the responsibility to client, employer and community, and to minimize the risk of injury or liability
- · strive to maintain the community and employer trust and refrain from any inappropriate practice which may lead to or appear to lead to personal gain
- hold personal knowledge and information gathered in normal business activity as confidential and immediately acknowledge any and all appearance of conflict of interest.
- practice and encourage a code of moral behaviour anticipated by our clients, employers and Association.

SIGNATURE OF APPLICANT DATE

STEP IV: APPLICATION SUBMISSION Please forward your completed application form to: Ontario Recreation Facilities Association Inc., 1 Concorde Gate, Suite 102, Toronto, ON M3C 3N6.