



PRIOR LEARNING ASSESSMENT: ASSESSMENT FORM

CWQA Member Employee
 Not a Member

Name _____
 Position/Title _____
 Company Name _____
 Address _____
 City _____ Province _____ Postal Code _____

Attach documents that describe and verify the source of learning. A non-refundable fee (currently \$50.00) must accompany this application for the assessment process to begin. I have read and understand the CWQA PLAR policies and agree to the conditions and requirements.

METHOD OF PAYMENT VISA MASTERCARD CHEQUE
 Card Number: _____ Expiry: _____
 Signature: _____

If the application is received by mail or fax, the candidate will be contacted for the credit card number before the application can be processed. (NO CASH, UNCERTIFIED PERSONAL CHEQUES. Write your name on the front of the payment. Make payable to CWQA.)

Course or Program Name: _____

PLAR Application Checklist (y/n)

I am 19 years or older and have an OSSD or equivalent
 The Course I am interested in is eligible for PLAR
 This is my first application OR it has been one year or longer since I last attempted to PLAR this course
 I have NOT Failed or withdrawn from this course in the last year

IF YES TO ALL OF THE ABOVE QUESTIONS, YOU MAY PROCEED

Critical Performance Statement

Learning Outcomes (Examine the Learning Outcomes for the Program and any prerequisites)

For each learning outcome listed, please self evaluate your competency level and record in the appropriate column with the attached documentation

- 1 I am able to demonstrate the learning outcome well enough to teach it to someone else
- 2 I can work independently to apply the learning outcome
- 3 I need some assistance in using the outcome
- 4 I am developing skills and knowledge in this area
- 5 I have no experience with the outcome

Note: Additional Information in the form of course transcripts, letters fro memployers, evaluation or assessments etc will have to be provided as siplimentary documentation or evidence for this assessment.

Learning Outcomes	Experience (yrs)	Level of Competence					Documentation/Evidence
		1. Demonstrate	2. Apply	3. Need Help	4. In Development	5. No Experience	

Employer Name: _____ Signature: _____ Date: _____
 Program Coordinator _____ Signature: _____ Date: _____
 Registrar: _____