GENEALOGICAL INSTITUTE OF THE MARITIMES PRELIIMINARY APPLICATION FOR CERTIFICATION

NAME:				
MAILING ADDRESS:				
CITY:				
PROVINCE:				
POSTAL CODE:				
TELEPHONE:				
EMAIL:				
Level of Certification sought: O CG (C)			CG (C)	
		Ο	GRS (C)	
Previous accreditation in genealogical research:				
*Candidates may not be accepted into this program if they have previously				
received accreditation equivalent to or higher than that herein sought.				

POINT EVALUATION

Please complete the following according to the instructions under the heading "Point Evaluation System".

1.	Education (max. 8 points)	a.	Level attained
		b.	Genealogy courses
2.	Experience (max. 14 points)	a.	Years of practice
		b.	Organizational activity
3.	Publications (max. 6 points)	a.	Books
		b.	Articles
		c.	Collections
			Total Points

Please enclose a brief resume or other justification of your claim to the above points. You may be asked to submit documentation in support of some, or all, of the points you claim.

REFERENCES

Please give the name, position in a genealogical organization or archiv	⁄al
institution, address, and telephone number of three references:	

1.	
2.	
3.	

FEE

Please enclose a cheque or money order payable to the Genealogical Institute of the Maritimes for fifteen dollars (\$15) (not refundable).

Do not send samples of your work or other materials until so requested.

APPLICATION

I, the undersigned, certify that the foregoing information is an accurate representation of my eligibility for certification by the Genealogical Institute of the Maritimes. I understand that I shall be required to complete written, oral, and other practical examinations, if this application is accepted. I am also prepared to submit documentation and samples of my work as may be requested.

Signature:	Date:				
Mail to:					

The Genealogical Institute c/o Nathaniel Smith, Registrar 9501 Donnell Road NW, Edmonton, AB T6C 4C2

Email: registrar@genealogicalinstitute.ca