



Application to Participate on the Accreditation Council

Application Date:

Name:

Position Title:

Organization:

Business Address:

City or Town:

Business Phone:

Email Address:

Are you or the organization an ACDS Member? Yes No

P.Code:

Fax:

Briefly describe any direct experience you've had in the following areas

CET and/or other
Accrediting Process or Body:

Persons w/Developmental Disabilities
and/or Disability Services Division:

Regional Councils and/or Programs:

Mental Health Services:

Brain Injury:

Children's Services:

Seniors' Services:

Other (e.g., Aboriginal Services):

Why you are interested in participating on the Accreditation Council?

Thank you for applying to be a member of the Accreditation Council.

Just click on the button to send your form to the Standards and Accreditation Department.

We will review your form and contact you to discuss it.