



# CTTAM

The Certified Technicians and Technologists Association of Manitoba  
602 – 1661 Portage Avenue, Winnipeg, Manitoba R3J 3T7 Phone: 204-784-1088 Fax: 204-784-1084  
Website: [www.cttam.com](http://www.cttam.com)

## REQUEST FOR RECLASSIFICATION

### \* Applying for Re-class from Technician to Technologist \*

Name: \_\_\_\_\_ File No.: \_\_\_\_\_  
*Last First*

Your Name as Desired on Certificate: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Email: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Preferred Mailing Address:  Home  Work Preferred Email Address:  Home  Work

### REFERENCES:

Provide the names, **full** mailing addresses, professional designations and business affiliations of at least three persons (preferably C.E.T., or P.Eng.) who have a good personal knowledge of your character, capabilities and technical work experience. Unless self-employed, one reference should be your current and immediate supervisor. Your supervisor does not need to be certified or a P.Eng. CTTAM will mail out the reference questionnaire and the reference will be required to return the completed questionnaire on your behalf. All information is strictly confidential between the reference and the Association.

1. \_\_\_\_\_  
Name Prof. Designation Full Mailing Address including Postal Code Business Name
2. \_\_\_\_\_  
Name Prof. Designation Full Mailing Address including Postal Code Business Name
3. \_\_\_\_\_  
Name Prof. Designation Full Mailing Address including Postal Code Business Name

**NOTE:** *The application will not be processed until references have been returned. It is the applicant's responsibility to ensure that references are submitted.*

### **PART A: ACADEMIC DOCUMENTATION**

If any new academics or a Technical Report have been completed since the original application, original diploma and transcripts of marks (if applicable) must be submitted.

### **PART B: WORK HISTORY**

Applicants for certification must provide evidence of attaining a minimum of two years of acceptable work experience. Applicants with foreign work experience must attain a minimum of twelve months of technical work experience in Canada in their discipline to be considered for certification. **\*\* Important: Current work experience must be listed \*\***

- Provide a chronological listing of all current and past technical work experience that includes: Dates of employment (year/month), Job Title, Company Name, Location, Job Description, Detailed Technical Experience, responsibilities and/or achievements.
- For graduates of technology programs that included co-op work experience, indicate co-op positions. Co-op work experience can be assigned a maximum of six months of work experience towards the total requirement of 24 months.
- International work experience can be assigned a maximum of twelve months towards the work experience requirement.

**PART C: DETAILED CURRENT JOB DESCRIPTION & AFFIDAVIT**

- Submit a DETAILED JOB DESCRIPTION of your present position using the following headings:
  1. Job Title, Department, Company, Location, Supervisor's Title & Name, Date of Appointment.
  2. Describe the various functions of the job in order of importance. Indicate the percentage of total time spent on each function.
  3. Specify how you influence or direct the work of others, indicating the numbers and qualifications of people involved.
  4. Describe the manner in which your work is assigned and evaluated.
  5. Describe examples of projects with which you are typically involved and/or relevant information on equipment uses, test procedures, etc.
  
- Ensure that the **affidavit below and each page of your job description are signed** by your immediate supervisor.

**AFFIDAVIT**

From personal knowledge, I do state that the attached Detailed Job Description is a fair and accurate statement of the applicant's present duties and responsibilities. (**Each page of the job description must be signed by the immediate supervisor.**)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Please Print*

Position: \_\_\_\_\_

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**PLEASE ENSURE THAT YOU HAVE ENCLOSED THE FOLLOWING:**

- Reclassification Fee - \$45.00 (non-refundable)
  
- Completed Reclassification Form with Signed Affidavit on Page 2
  
- Part A – Additional Academic Documentation, if applicable
  
- Part B – Work History
  
- Part C – Detailed Current Job Description with supervisor's signature on each page

*It is the applicant's responsibility to ensure that all required information is provided. The review of your qualifications will be based solely on the information submitted. To complete the certification process, applicants must pass the Professional Practice Exam.*

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_