

Confirmation and Graduation Information will be sent by email.

Person Completing the Form:

Name: _____ Telephone (with area code) _____ Email: _____

Registrant Information:

Name: (first and last): _____

Tribunal/Organization: _____

Position / Title: _____ FOAJ Registrant Member #: _____

Telephone (w/area code): _____ Fax (w/area code): _____

Email: _____

Mailing Address to send certificate:

Mailing Address: _____

City

Province

Postal Code

I wish to apply for the following Certificate in Tribunal Administrative Justice™ (CTAJ™) certificate:

(One application form per Certificate stream)

- Tribunal Member (**Decision Making required**)
- Administrator (**Case Management Practices required**)
- Advocate (**Presenting Cases before Tribunals required**)
- Investigator (**Investigations required**)

I certify that I have successfully completed the following courses and exams:

Please check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Introduction to Administrative Justice/Principles of Administrative Justice or equivalent (Core Course) | <input type="checkbox"/> Effective Hearings |
| <input type="checkbox"/> Interpreting Legislation (Core Course) | <input type="checkbox"/> Effective Witnesses |
| <input type="checkbox"/> Evidence (Core Course) | <input type="checkbox"/> Investigations |
| <input type="checkbox"/> Plain Language: Building Results (Core Course) | <input type="checkbox"/> Presenting Cases Before Administrative Tribunals |
| <input type="checkbox"/> Case Management Practices | <input type="checkbox"/> Cultural Competencies |
| <input type="checkbox"/> Plain Language for Writing Decisions | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Decision Making | |
| <input type="checkbox"/> Decision Writing | |

Consent to Release Name:

FOAJ may use my name as acknowledgment that I have completed the CTAJ™.

(please print)

(please sign)

Total Payable:

Application Fees: \$175.00 (per stream)

GST (5%) on the Fees: \$8.75 or GST Exemption #: _____

Total payment enclosed: \$_____

GST is charged on all fees. Exemption: GST exemption number is provided at the time of applying.

Payment Type:

Cash Cheque payable to Foundation of Administrative Justice Visa MasterCard Invoice EFT

Credit Card Number: _____ Expiry Date: _____

Name of Cardholder

Signature of Cardholder authorizing payment

3 Easy ways to register:

1. **Fax:** 780-466-8015
2. **Email :** admin@foaj.ca
3. **Mail:** Foundation of Administrative Justice
3438—78 Avenue
Edmonton, AB T6B 2X9

Fees and GST Policies:

Please visit our website at www.foaj.ca for all FOAJ policies.

Privacy Policy:

FOAJ collects personal information to provide membership, education and conference services. You can view our complete Privacy Policy on the website. By completing this registration form, you agree that we can send you future information about courses and conferences offered by FOAJ.