

APPLICATION PACKAGE - PART I

APPLICANT INFORMATION

Full Name: _____ Mr. Ms. Mrs.
Last First

Home Address: _____

Phone: _____ Email: _____

PLACE OF EMPLOYMENT

Name: _____

Mailing Address: _____

Contact Name: _____ Tel: _____

NOTE: If employed less than two years with this particular employer, please provide additional employment information below.

Name: _____

Mailing Address: _____

Contact Name: _____ Tel: _____

Employment Term From: _____ To: _____

Do you wish correspondence sent to HOME EMPLOYER Are you a SEDA Member? ^{Note} YES NO
 your home or to place of employment?

NOTE: To qualify for Member Certification Fee of \$200 + gst, individuals must hold a SEDA VOTING MEMBERSHIP.

APPLICATIONS WILL NOT BE PROCESSED WITHOUT FULL APPLICATION FEE

CERTIFICATION FEE PAYMENT

SEDA Member \$210(includes gst) Non-Member \$525 (includes gst)

I am paying by: Cheque payable to SEDA VISA MASTERCARD

CREDIT CARD NUMBER: _____ / _____ / _____ / _____ EXPIRY: _____ / _____ CVV Code: _____
MONTH/YEAR

Cardholder Name: _____

PLEASE PRINT

Signature: _____

CANCELLATION POLICY: A refund, less a \$50 processing fee, will be made for cancellation requests received in writing 30 days prior to the examination sitting. No refunds will be issued within 30 days directly preceding the examination.

DECLINED APPLICATIONS: No refunds will be issued to applicants deemed ineligible to write the examination. The fee will be held on file for 24 months, to apply to a future application.

CANDIDATES FAILING THE EXAMINATION: No refunds will be issued.

Mail application and fees to: SEDA, Box 113, Saskatoon SK S7K 3K1

APPLICATION PACKAGE - PART II

Certification Points

A minimum of 40 points is required to certify.

Source of Points	Supporting Materials	Points Earned
Number years paid employment in profession (1 point/year) <i>Minimum of 2 years successive experience is required, within past 5 years.</i>	Complete record of employment in PART III	
Relevant Undergraduate Degree(10 points)	Provide proof of completion	
Relevant Graduate Degree (5 points)	Provide proof of completion	
Relevant Post-Secondary 2 year Diploma/Certificate (5 points)	Provide proof of completion	
Relevant Post-Secondary 1 year Certificate (3 points)	Provide proof of completion	
SEDA/SFNEDN courses and workshops (5 points each to maximum of 20 points). Please list:	SEDA/SFNEDN Office to verify	
SEDA/SFNEDN Annual Conferences attended in past 4 years (5 points each to max of 20 points). List years attended:	SEDA/SFNEDN Office to verify	
Other conferences in relevant disciplines attended in past two years (2 points each to max 10 points). Please list:	Provide proof of attendance	
TOTAL POINTS TO CERTIFY		

APPLICATION PACKAGE - PART III

VALIDATING TECHNICAL COMPETENCIES

Please describe how you are applying the following technical competencies in your current employment position.

PLANNING	
Identifies key steps, milestones, and critical systems that are needed for the success of business activities, processes, and operational plans	
Contributes to the organization/community's strategic planning initiatives including marketing and citizen engagement	
Translates the directives of the Board/Council into appropriate economic development efforts and activities	
Adopts a long-term perspective, especially when considering economic development trends and new services to provide	
Fosters inter-jurisdictional relationships	
Consults with communities and adapts plans to local circumstances	
ECONOMIC DEVELOPMENT CONCEPTS	
Understands the broad concepts, principles and language associated with economic development	
Has a working knowledge of key concepts and tools.	
Gathers, interpret and uses evidence related to outcomes and impact	
Critically analyzes internal and external factors impacting communities and regions	
Stays abreast of trends, models, financing vehicles as they emerge in the industry	
Identifies needs, assets and opportunities using relevant information and evidence.	

Signature of Employer Required.

The undersigned attests that _____ (name of applicant)
applies these competencies, as outlined, in his/her current position.

Employer Name & Title _____

Tel: _____ Date: _____

APPLICATION PACKAGE - PART IV

PROFESSIONAL CODE OF ETHICS

1. I will carry out all activities in a manner which will maintain the good reputation of the profession and its ability to serve the public interest.
2. I will ensure that the level of professional services provided is competent and in keeping with the high level of standards set out by the profession by continuing study of the profession's developments and innovations.
3. I will endeavor to perfect myself in my chosen occupation to the best of my ability as an opportunity to serve our collective society.
4. I will maintain the spirit of fairness in competition and help eradicate all forms of deception that violate that spirit.
5. I will hold myself free of any interest, influence or relationship in respect to any professional activity when dealing with clients which could impair professional judgement or objectivity or which, in the reasonable view of the observer, has that effect.
5. I have the duty to keep in confidence the affairs of any client, colleague or organization and shall not disclose confidential information obtained in the course of professional activities. Nor shall I in any way exploit information obtained in the course of duties to my own advantage.
6. I shall conduct activities on a high ethical plane so that others emulating by example will help to raise the standards of conduct in industrial, business, and economic and community development.
7. I will endeavor to continuously raise the standards of the profession by conducting and sharing research developments and methodology.
8. I shall treat all other professionals with respect and consideration due between colleagues.
9. I have the responsibility to exemplify good citizenship in appreciation of the fact that the strength of the nation depends upon the caliber of its individual citizens.

SIGNATURE AND AGREEMENT TO UPHOLD CODE OF ETHICS

I agree to uphold the Professional Code of Ethics as stated above and to comply with SEDA/SFNEDN Certification Policies.

Signature: _____ Date: _____

In Alignment with the Professional Code of Ethics, I agree to keep the content of the CERTIFICATION EXAM CONFIDENTIAL.

Signature: _____ Date: _____