

## Witness Feedback Form

To act as a competency witness, you must have direct knowledge of the applicant's demonstrable competencies as a supervisor, mentor, or colleague. Please complete the following confidential form and give it directly to the provincial regulatory body to which the applicant is applying (obtain address from [www.cfpfa.ca](http://www.cfpfa.ca)). Witnesses should append a brief personal biography (on page 3) that includes reference to the attributes/experience that enable them to attest to the competencies of the applicant as checked off on the attached table.

Applicant: \_\_\_\_\_  
Last Name First Name

I am acting as a character witness.    Yes    No    Note: Complete and submit Page 1 only if acting solely as a character witness.

I am acting as a witness for competencies and indicators in the applicant's Self-Assessment Matrix.    Yes    No

Witness: \_\_\_\_\_  
Last Name First Name Prof. Designation Prof. Organization Member #

\_\_\_\_\_ Title

\_\_\_\_\_ Employer/Company Name

\_\_\_\_\_ Contact Street Address

\_\_\_\_\_ City    \_\_\_\_\_ Province/State    \_\_\_\_\_ Postal Code    \_\_\_\_\_ Country

\_\_\_\_\_ Contact Telephone    \_\_\_\_\_ Extension    \_\_\_\_\_ E-mail

**Part A: Character and Repute**

1. I have known the applicant for a period of: \_\_\_\_\_ (months & years)  
 I have known or been associated with the applicant as his/her:  
 Supervisor      Colleague      Other (explain): \_\_\_\_\_  
 a) I believe the applicant to be of good character and know of no reason that would suggest otherwise.  
     Yes    N/A    No (explain) \_\_\_\_\_  
 b) I am aware / not aware that the applicant has been subject to any criminal convictions or any civil indictable offenses or current charges that relate to the practice of professional forestry. (If aware please provide the nature of the offense(s)).
2. Based on my personal competence and my direct observation of him or her, I confirm that the applicant meets the Demonstrable Competencies/Performance Indicators to which I have attested (where my initials appear) on the applicant's Self Assessment Matrix.  
     Yes      No      With reservations      N/A
3. If you answered "No" or "With reservations" above, identify the deficiencies and provide a brief but candid explanation on an appended page (or pages). **Please ensure that the applicant's name appears on, and that you have signed, each page of this submission.**

**Part B: Core Competency Self Assessment Detail**

Witnesses must be able to confirm the applicant's demonstrable competencies and be prepared to provide professional endorsement to that confirmation. This includes completion of the endorsement by affixing the witness's signature and professional stamp or seal (if applicable) in appropriate areas of supporting documents provided by the applicant **and** on the accompanying check-off form. For more details, please refer to the Handbook for Applicants.

**Part C: Certification of the declaration form**

**I recognize that a person commits an offence if he/she applies for membership using false or fraudulent representation and that a person commits an offence who knowingly assists another person to apply using false or fraudulent representation. I therefore certify that the information provided in this form is true to the best of my knowledge and belief.**

\_\_\_\_\_ Signature of Witness

\_\_\_\_\_ Date Signed



## Witness Background Information

As a competency witness you are required to add a brief personal biography (using this page) that includes reference to the attributes and/or experience that enable you to attest to the competencies of the applicant as marked in the attached table. In lieu of a short-bio, you may provide a current resume or CV which must be attached to this form.

Witness: \_\_\_\_\_  
Last Name                      First Name                      Prof. Designation                      Prof. Organization                      Member #

## Competency Witness Testimonial for:

As a competency witness, you are required to supplement the demonstrable competency (DC) and/or performance indicator (PI), which you have signed-off in the Performance Indicator Table with written statements (testimonials). Please use this form to provide your testimonials describing how you have seen the applicant perform a specific DC or PI. Refer to [CFPFA Information for Competency Witnesses](#) for further guidance.

Applicant: \_\_\_\_\_  
Last Name First name

Standard # \_\_\_\_

DC # \_\_\_\_ PI # \_\_\_\_

DC # \_\_\_\_ PI # \_\_\_\_

DC # \_\_\_\_ PI # \_\_\_\_

DC # \_\_\_\_ PI # \_\_\_\_

**Standard #** \_\_\_\_

DC # \_\_\_\_ PI # \_\_\_\_

DC # \_\_\_\_ PI # \_\_\_\_

DC # \_\_\_\_ PI # \_\_\_\_

DC # \_\_\_\_ PI # \_\_\_\_

Applicant :

**Standard #** \_\_\_

DC # \_\_\_ PI # \_\_\_

DC # \_\_\_ PI # \_\_\_

DC # \_\_\_ PI # \_\_\_

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Applicant :

**Standard #** \_\_

DC # \_\_ PI # \_\_

DC # \_\_ PI # \_\_

DC # \_\_ PI # \_\_

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Applicant :

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