



Candidacy form Subject matter expert

1. IDENTIFICATION OF CANDIDATE (TO BE COMPLETED IN BLOCK LETTERS)

Ms. Mr.

First name: _____ Last name: _____

Address

No. _____ Street _____ Apt. _____

City _____ Province _____ Postal code _____

Telephone (home): _____ Telephone (office): _____ Ext.: _____

Cell phone: _____ E-mail: _____

Provinces in which you are currently licensed and sectors for which you are certified (Life, A&S, Group):

2. COLLABORATION INTERESTS

Identify your interests:

- Curriculum development
- Drafting of editing plan
- Drafting of study material
- Review of study material
- Drafting of exam questions
- Review of exam questions

3. EXPERIENCE

Title of your current position: _____

Current company or firm: _____

Describe your main responsibilities.

Number of years of experience in insurance:

Life: _____ A&S: _____

Group: _____

Specify your areas of expertise:

Types of products	Expertise
Insurance law and legislation	<input type="radio"/> Yes <input type="radio"/> No
Taxation	<input type="radio"/> Yes <input type="radio"/> No
Life insurance products	<input type="radio"/> Yes <input type="radio"/> No
Disability insurance products	<input type="radio"/> Yes <input type="radio"/> No
Accident and sickness insurance products	<input type="radio"/> Yes <input type="radio"/> No
Segregated funds	<input type="radio"/> Yes <input type="radio"/> No
Group insurance plans	<input type="radio"/> Yes <input type="radio"/> No
Group annuity plans (employer-sponsored retirement plans)	<input type="radio"/> Yes <input type="radio"/> No

Do you assume responsibilities related to the management and administration of a firm? Yes No
If yes, specify the proportion of your professional activities related to these responsibilities: _____ %

Do you assume responsibilities related to the training of new recruits? Yes No
If yes, specify the proportion of your professional activities related to these responsibilities: _____ %

4. PROFESSIONAL TRAINING

Describe your professional training.

5. PROFESSIONAL DESIGNATIONS / FORMAL TRAINING

List your professional designations and diplomas you have obtained.

6. PUBLICATIONS

List your published work.

7. LETTER OF INTENT

Please attach a letter of intent describing your suitability as a subject matter expert, your interest in the project and your anticipated contribution.

8. RESUME

Please attach a resume or additional pages in order to further describe your professional experience.

9. APPLICATION PROCEDURE

Please send your completed application, letter of intent and updated resume to the following address:
cisro-ocra@insurancecouncilofbc.com.