

**FORM 4: Verification of Employment Status**

*Membership in the British Columbia Association of School Psychologists is available to persons who are employed as a School Psychologist by a Board of School Trustees constituted under the School Act, by a Provincial, Federal or Municipal Government or governmental agency, or by a University as defined by the University Act, and who meet other criteria.*

To the Applicant:

Please have your Supervisor or Personnel Officer sign where indicated below to verify that you are employed by an agency which satisfies the criteria above. Return this completed form with the other Certification Application documents being submitted to the BCASP Membership Secretary.

To the Employer:

Please complete the following to verify that the named applicant for Certification and membership in the British Columbia Association of School Psychologists is employed by your agency.

Name of Applicant: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employing Agency or School District: \_\_\_\_\_

Employment Term: Continuing \_\_\_\_\_ or Temporary \_\_\_\_\_  
yes or no give expiry date

Name of Person verifying employment status: \_\_\_\_\_

Job Title: \_\_\_\_\_

Signature: \_\_\_\_\_