

General Review

Date Completed: _____
dd/mm/yyyy

Member Reviewed

First Name	Last Name
Designation	Member Number

Background Information Confirmation

1. Has the background information been completed? Yes No N/A

Continuing Competency

- 1. Have self-assessments been completed over the past three years or since the member has been required to complete them?
 Yes No
- 2. Have the self-assessment professional development plans been implemented? Yes No N/A

Area and Scope of Practice, Continuing Education and Competency

1. List the main types of projects undertaken by the member.

2. What is the role of the member and the level of responsibility taken by him or her for these projects?

3. If applicable, review a sample of professional work documents to verify his or her area of practice. Do these documents demonstrate his or her competence within his or her area of practice?

4. Does the member keep a record of continuing education activities? Describe. Yes No

5. Do these continuing education activities demonstrate that the member is maintaining competency within his or her area of practice?
 Yes No

6. If the member is not qualified to carry out certain aspects of his or her job duties, can he or she demonstrate that specialists or more qualified individuals were consulted or supervised him or her? Yes No N/A

7. Is the member practising within his or her authorized scope of practice? Yes No

Maintenance of Records

1. Describe how the member maintains professional work records and documents (e.g. hard files, digital files).

2. If records are maintained in digital files, is there a process to retrieve them as technology is updated? Yes No N/A

3. Are digital and hardcopy files backed up in another location? Yes No N/A

4. Does the member keep ancillary records and documents on file such as e-mails, conceptual draft notes, digital or paper field notes, maps or ortho-photos, draft versions or supporting documents? Describe. Yes No N/A

5. Describe how phone calls and verbal communication is documented.

6. Describe how the member being reviewed keeps a record of daily work.

Quality Assurance

1. Describe how the member signs and seals/stamps all professional work as per appropriate sections of Bylaw 10 (signature, designation, stamp/seal, supervision certification statement).

2. How is electronic signing and sealing handled?

3. How does the member practise due diligence to carry out professional work? Use the following examples to help with this question:

- Checklists or standard operating procedures
- Determination of client or employer objectives and project characteristics
- Procedures to ensure legal requirements or internal policies have been followed
- Quality assurance procedures for hiring contractors/consultants (are they qualified members of professional associations, if applicable, and how did the member review their work?)
- Risk assessment and management processes

4. Is the member responsible for the safety of others in his/her role as a forest professional? Yes No

If so, how does the member encourage or consider the safety of others?

Available Resources

1. Does the member have reasonable budgets or contract amounts to carry out professional work? Yes No

Technical Review Triggers

- 1. Failure to complete a self-assessment or achieve/implement professional development plan objectives (unless sufficient rationale is provided for not achieving professional development plan objectives).
- 2. Failure to participate in continuing education activities within the last two years to keep up to date within his or her area of practice.
- 3. Member operating outside his or her authorized scope practice or area of competence without adequate supervision or consultation.
- 4. Unable to retrieve professional work documents or records.
- 5. Inadequate quality assurance or due diligence practices associated with his or her area of practice.
- 6. Inadequate encouragement or consideration for the safety of others.
- 7. Inadequate financial resources to carry out professional work.

Significant Negative Findings

Optional Advice

Mandatory Instructions

Follow-up

Completed By

First Name	Last Name	Designation
Member Number	Employer	Job Title
Signature	Stamp/Seal	