



Please refer to our website ([www.safetyauthority.ca](http://www.safetyauthority.ca)) or contact a BCSA Regional office nearest you:

<b>Coquitlam</b>	604-927-2041	Fax 604-927-2047	<b>Kamloops</b>	250-314-6000	Fax 250-377-4406
<b>Kelowna</b>	250-861-7313	Fax 250-861-7349	<b>Langley</b>	604-539-3573	Fax 604-539-3570
<b>Nanaimo</b>	250-716-5200	Fax 250-716-5212	<b>Prince George</b>	250-614-9972	Fax 250-614-9949
<b>Victoria</b>	250-952-4444	Fax 250-952-4458			

**New Westminster** 505 Sixth Street, Suite 200, New Westminster, BC V3L 0E1 **Toll free 1-866-566-7233** Fax 1-888-660-3508

## ELEVATING DEVICES MECHANIC CERTIFICATION PROGRAM EDUCATION REQUIREMENTS: DETAILED PROPOSAL

By submitting this DETAIL PROPOSAL you are requesting that a course or program provided by your organization or institution be evaluated by BC Safety Authority. If accepted, the course or program will become an approved education option for the Elevating Devices Mechanic Certification Program.

Training Provider:			Date of Application:  MM / DD / YYYY	
Contact Person:			Role:	
Civic Address:	Suite No:	Street Name:	City:	Postal Code:
Mailing Address: (If different from above)	Suite No:	Street Name:	City:	Postal Code:
Primary Phone:		Email:		

### COURSE OR PROGRAM

Course or Program Name:		Hours/Length:		
Category:	<input type="checkbox"/> Safety Prerequisite	<input type="checkbox"/> Apprenticeship Training	<input type="checkbox"/> Continuing Education	
Target Audience:	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C	<input type="checkbox"/> Class H	<input type="checkbox"/> Class MR
Learning Format :	<input type="checkbox"/> Web/Online	<input type="checkbox"/> In-class/Instructor Led	<input type="checkbox"/> Print-Based	<input type="checkbox"/> Field/Hands-on
Assessment Method:	<input type="checkbox"/> Quiz/Exam	<input type="checkbox"/> Practical/Hands-on	<input type="checkbox"/> Final Assignment	<input type="checkbox"/> Other
Notice of Completion Available: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(ex. Certificate)</i>		Lesson Plan Available: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Prerequisites:				



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Availability (*where /how often is this program available*):

Course Description:

Learning Outcomes

(*What you want your participants to learn or be able to do after completing the course or program*):



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### Assessment Methods & Standards

*What method do you use to determine whether participants have learned what you have intended them to learn?*

*What standards are in place for the assessment?  
(Ex. Do participants need to answer 80% of exam questions correctly to pass?)*

To complete this detailed proposal, please attach:

A Lesson Plan – *indicating the topics this course or program will cover and how much time will be dedicated to each topic*

Samples of Learning Resources – *manuals, handouts, etc.*

Samples of Assessment tools – *exams, quizzes, etc.*

Sample of your Notice of Completion – *certificate, etc.*

Please submit this completed proposal by email to:

[elevator.mechanic.certification@safetyauthority.ca](mailto:elevator.mechanic.certification@safetyauthority.ca)

*(Please note that processing times for “Detailed Proposals” are expected to be approximately 2-4 weeks)*