

Parks Practitioner Designation Program



Intermediate Parks Practitioner

Designation requirements:

- · At least 2 years of parks and open space industry experience
- OPA member in good standing Hold current WHMIS & Standard First Aid training certificates
- · Attained 10 OPA education credits

Advanced Parks Practitioner

Designation requirements:

- · At least 5 years of parks and open space industry experience
- · Hold the *Intermediate Parks Practitioner* designation
- · OPA member in good standing · Hold current WHMIS & Standard First Aid training certificates
- · Attained 10 ADDITIONAL OPA credits

Earn Credits by Attending OPA Training

1 Credit Courses	2 Credit Courses	3 Credit Courses
 Annual Parks Education Forum/Special Workshops Practical Ball Field Clinic Basic Chipper Operations and Handling Bridge Inspection Chainsaw Safety Awareness (One-Day) 	 Chainsaw Safety Awareness (Two-Day) Spray Pad Practitioner Training Trails Specialist Workshop 	 Horticultural Practitioner Program Trails Risk Management
 Irrigation Workshop Seasonal Parks Equipment Training 		4 Credit Courses
 Train the Trainer Invasive Species Workshop Community Gardens Workshop Horticultural Therapy Workshop Sports Turf Maintenance Book 7 Park Operations and Maintenance Webinar Series Park Encampments: Outreach & Response 		Registered Playground Practitioner Course



INTERMEDIATE PARKS PRACTITIONER Application Form

STEP I: APPLICANT INFORMATION

First Name:		
ADDRESS: Home Business		
	Unit #:	
	Postal Code:	
STEP II: CONFIRMATION OF QUALIFICATIONS		
I hereby apply to receive my OPA Intermediate designation as outlined below:	Parks Practitioner certificate, having met the requirements of this	
· I have at least 2 years of parks and open space · I am an OPA member in good standing · I hold current WHMIS & Standard First Aid train		
· I have successfully completed the following OP	A training sessions (providing me with 10 credits):	
Please have your current supervisor authorize y	our application.	
Supervisor's Name (Please print) Title		
Supervisor's Signature Date		
Intermediate Parks Practitioner Applicant's Sign	ature Application Date	

STEP III: APPLICATION SUBMISSION

Please forward completed application with copies of WHMIS & First Aid certificates to: training@ ontarioparksassociation.ca or to Ontario Parks Association, 102—8250 Lawson Road, Milton, ON L9T 5C6.



ADVANCED PARKS PRACTITIONER

Application Form

STEP I: APPLICANT INFORMATION

First Name:		
Last Name:		
Employer:		
ADDRESS: Home Business		
	Unit #:	
	Postal Code:	
Phone Number:		
Email:		
STEP II: CONFIRMATION OF QUALIFICATIONS		
	, hereby apply to receive my OPA Advanced Parks of this designation as outlined below: · At least 5 years of	
parks and open space industry experience	of this designation as outlined below. At least 5 years of	
· Hold the <i>Intermediate Parks Practitioner</i> designation	1	
· OPA member in good standing		
· Hold current WHMIS & Standard First Aid training ce	rtificates	
, .	ing sessions, providing me 10 OPA training credits in addition t	
those attained for the Intermediate Parks Practition	oner designation.	
· 		
Please have your current supervisor authorize your ag	oplication.	
Name (Please print) Title		
Authorized Representative's Signature Business Phone	e Number	
Program Applicant's Signature Application Date		

STEP III: APPLICATION SUBMISSION

Please forward completed application with copies of WHMIS & First Aid certificates to: training@ ontarioparksassociation.ca or to Ontario Parks Association, 102—8250 Lawson Road, Milton, ON L9T5C6.