

# BSSO®

## Building Science Specialist Ontario

### 2009 -2010 BSSO FILING

Each BSSO Designee must provide proof of 20 Continuing Education Credits every two-years.

Continuing education credits can be acquired by various means, including the following:

- Attendance at a evening OBEC event and relevant CSC and OAA meetings: . . . . .1.0 credit
- Attendance at a ½ day OBEC seminar and relevant CSC and OAA meetings: . . .2.5 credits
- Writing a published paper/article: . . . . .3.0 credits
- Writing a published Peer Reviewed Technical Paper: . . . . .10.0 credits
- Attendance at a full day OBEC seminar and relevant CSC and OAA meetings: . . .5.0 credits
- Attendance at a university course, min. 20hr.: . . . . .15.0 credits
- Giving a 3hr technical presentation: . . . . .3.0 credits
- Giving a 3hr to full day technical presentation/course: . . . . .10.0 credits

Acceptance of any and all continuing professional education credits shall be subject to review by the Advisory Committee, and the Advisory Committee reserves the right, in its absolute discretion, to request additional information from the applicant and to confirm the information contained herein.

If you have any questions regarding confirmation of credits obtained through OBEC events, please contact:

**Sherry Denesha**

Operations Manager

**Ontario Building Envelope Council**

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## ANNUAL FILING 2009 -2010

Please indicate the Continuing Education Credits that you wish to submit to the Advisory Committee. Only credits derived from the attached list will be considered towards the BSSO annual requirements. Be sure to include backup documentation for each event, i.e receipt, continuing education credits, requested details, program confirmation of presentations etc.

Filing must be submitted by December 31, 2010 and include credits obtain during the 2009 -2010 calendar year for a total of 20 credits.

EVENT:	DATE:	CREDITS:
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**Contact Information:**  Mr.  Ms.  Mrs.  Dr.  Prof.  Other \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Send form to:



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