Consent Form -- Assessment Review Board Training



Important Information -- Please Read

Course Location

After registering and confirming the required course online, each registrant must submit this completed form to Municipal Affairs **ten business days** before the course is scheduled to begin for a guaranteed spot. The completed form may be submitted via fax or scanned and emailed to Citas Olympia-Moore.

Fax 780-422-3110

Email

ma.arbadmin@gov.ab.ca

Registrant's Consent to Release Name	
names and contact information, and results for each reg	he sponsoring municipality and authorized training provider the histrant. As a result, the Minister requires consent from each vide municipalities with a list of qualified board members and
I, (please	print), registrant, give my permission for the Minister of
	formation and results to the authorized training provider
	t Signature
	print), registrant, give my permission for the Minister of information in an online registry of qualified board
Registran	t Signature
	lification for assessment review board clerks or members, ertificate of course completion to the requesting party.
Market and the force of the Books and the Comment of the Comment o	Chief Advisional a Office
Municipality's Consent to Register Signature of	Chief Administrative Officer
I, the Chief Administrative Officer, certify that the clerk for, the assessment review board of	registrant has been appointed to, or is the designated
Name of Municipality	Date
Name of Chief Administrative Officer	Signature of Chief Administrative Officer
Course(s) Required	
☐ Administrative Law I (Clerks)	
Course Location	Course Date
 Administrative Law II (Board Members) 	
Course Location	Course Date
☐ Principles of Assessment (Board Members)	

Course Date