



CERTIFICATION IN TRANSLATION BY MENTORSHIP PROGRAM

Mentee's Application Form

Name _____

CONTACT INFORMATION

Work Address

Tel. _____ E-mail _____

Home Address

Tel. _____ E-mail _____

LANGUAGE COMBINATION

Source language _____

Target language _____

Date of joining the CTINB as a candidate for certification _____

All communication between the mentee and the mentor takes place anonymously through a certification committee member. The certification committee member will provide instructions to both parties on how to include anonymous comments in the documents they will exchange during the mentorship.

WORK EXPERIENCE IN TRANSLATION

Employer _____

Dates _____

Employer _____

Dates _____

Employer _____

Dates _____

Employer _____

Dates _____

Employer _____

Dates _____

Employer _____

Dates _____

APPEAL/RECOURSE

If I disagree with the decision of the certification committee, I understand that my only recourse is to appeal to the CTINB Board within 30 calendar days of being notified of the Committee's decision (section. 34.1(5) of the by-laws) and that the Board's decision will be final. I also understand that section 24(2) of the *Corporation of Translators, Terminologists and Interpreters of New Brunswick Act, 1989*, provides the CTINB with statutory immunity and that I will not be able to take any legal action against the CTINB, its Board, administrators or members as a result of the Board's decision with respect to my mentorship.

Print name _____

Signature _____

Please return the Application Form and properly signed attachments by email at vice-president1@ctinb.nb.ca or by regular mail at:

CTINB
P.O. Box 427
Fredericton, New Brunswick
E3B 4Z9