



Business Leadership Program for In-House Counsel

Application Form

ADMISSION PROCESS

Admission to the Business Leadership Program for In-House Counsel is the first step in the designation process for the Certified In-House Counsel – Canada (CIC.C) designation. Interested students are encouraged to submit a completed application to the Admissions Committee for consideration as soon as possible. The Committee meets each month to review applications for the next program start date.

APPLICANT INFORMATION

Program start date: _____

First name: _____ Last name: _____

CBA/CCCA member ID: _____ Year of call: _____

Primary telephone: _____ Secondary telephone: _____

Primary email: _____ Secondary email: _____

ELIGIBILITY CRITERIA

To be eligible for admission into the program, you must meet all of the following criteria. Please initial beside each statement to certify that each one is true.

☐

I am a member in good standing of my provincial or territorial Law Society in Canada.

☐

I am a Regular Member in good standing of the CBA/CCCA.*

☐

I work in-house exclusively for one employer. Note that preference will be given to those applicants who have worked in-house for three years or more, or who have similar relevant experience.

CIC.C DESIGNATION TERMS OF USE

Graduates must meet all of the following criteria on an ongoing basis, as applicable, to use the Certified In-House Counsel – Canada (CIC.C) designation:

- i. Must have successfully completed the Business Leadership Program for In-House Counsel offered by the CCCA in partnership with the Rotman School of Management at the University of Toronto.
- ii. Must be a member in good standing of their provincial or territorial Law Society in Canada.
- iii. Must be a Regular Member in good standing of the CBA/CCCA.
- iv. Must have worked exclusively in-house for a minimum of three years and must continue to work in-house.

Please initial here to certify that you understand.

☐

**You also qualify if you are a current subscriber to the Lawyers Link Government Package in Ontario.*





EMPLOYER INFORMATION

Employer name: _____ Job title: _____

Employer address: _____

City: _____ Province: _____ Postal code: _____

Industry sector: _____ Type of organization: _____

To whom do you report? _____ What is their title? _____

Do you have any direct reports? _____ If yes, how many? _____

Years of in-house counsel experience: _____

Please describe your current role:

REFERENCES

Please provide the names and contact information of two references.

Name of Reference #1: _____

Organization: _____

Title: _____

Relationship to applicant: _____

Telephone: _____

Email: _____

Name of Reference #2: _____

Organization: _____

Title: _____

Relationship to applicant: _____

Telephone: _____

Email: _____



PERSONAL STATEMENT

In the box below (approximately 600 words), please state why you are applying for the program by addressing the following:

- How the program aligns with your personal and professional development goals;
- What experiences and skills you bring to the program; and
- What you hope to get out of the experience.



PROGRAM FEES

Payment is due in full upon enrollment.

SCHOLARSHIPS

Please visit the ["Scholarships & Grants" section](#) of the Business Leadership Program webpage for more information.

CANADA JOB GRANT

This program may be funded by a Canada Job Grant. Please visit the ["Scholarships & Grants" section](#) of the Business Leadership Program webpage for more information.

CANCELLATION & DEFERRAL POLICY

Refunds will be provided to students who send a written cancellation at least 30 days before the program begins. Deferrals may be provided once the program has started. A cancellation or deferral fee of \$500 (plus applicable taxes) will apply. Any program fee increase will also apply for deferrals. Written cancellations or deferrals are accepted by email at certification@ccca-cba.org. Refunds and deferrals are not permitted in the event of non-attendance or withdrawal without notice.

COLLECTION OF PERSONAL INFORMATION

For more information on the privacy policy, please visit: <http://www.cba.org/CBA/Info/Main/privacy.aspx>

HOW DID YOU HEAR ABOUT THE PROGRAM?

Please check all that apply.

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> CCCA website | <input type="checkbox"/> The In-House Edition | <input type="checkbox"/> Rotman eblast | <input type="checkbox"/> CCCA eblast |
| <input type="checkbox"/> Rotman website | <input type="checkbox"/> Colleague | <input type="checkbox"/> Other | |

DECLARATION

I hereby certify that all statements on the application and in any material filed in support hereof are true, correct and complete, and all material information has been disclosed. I understand that if the CCCA finds to the contrary, my association with, admission to or registration in the program may be rescinded and cancelled upon notice in writing being provided to me. I pledge to conduct myself in a manner of integrity, honesty and respect for individuals in the CIC.C community. If I am found to act in a manner contrary to the aforementioned values, I understand that I may be required to withdraw from the program.

Signature: _____ Date: _____

APPLICATION PACKAGE SUBMISSION CHECKLIST

- ☐ Completed Application Form
- ☐ Current CV (accepted file types: .doc and .pdf)

Please send your completed application package to **CIC.C Admissions Committee c/o CCCA:**
certification@ccca-cba.org

Applicants will be informed of their acceptance in writing within 4 – 6 weeks of receipt of their application.

