***Program Name / Certificate Type Certificate Code***

***Competency Title* (Competency *X*) *XXX-XXX***

|  |
| --- |
| Self-Evaluation Checklist Due Date: |

|  |
| --- |
| Candidate’s Name:  Centre:  Permanent Code: |

**1. Information Phase** **Yes No**

1.1 I \_\_\_

Yes No

– 🞎 🞎

– 🞎 🞎

– 🞎 🞎

❑ ❑

1.2 I \_\_\_ ❑ ❑

**2. Participation Phase**

2.1 I \_\_\_ ❑ ❑

2.2 I \_\_\_

Yes No

– 🞎 🞎

– 🞎 🞎

❑ ❑

**3. Synthesis Phase**

3.1 I \_\_\_ ❑ ❑

3.2 I \_\_\_

Yes No

– 🞎 🞎

– 🞎 🞎

❑ ❑

Total: \_\_ \_\_

Minimum Performance Standard: Successful completion of criteria \_\_\_\_\_\_\_\_\_