



COR™ APPLICATION FORM

Infrastructure Health & Safety Association

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Complete Application Information

New Application Revised Application

STEP 1

APPLICANT INFORMATION

Legal Name _____ Trade Name _____

Owner/Senior Manager _____

WSIB firm # _____ Account # _____

Mailing address _____

City _____ Province _____ Postal code _____

Phone _____ Fax _____ Email _____

Note: An employer can register before taking required training. There is no time limit for completing Step 1 to submitting Internal Audit.

STEP 2

Note: This section is mandatory and is required prior to submitting Internal Audit.

Note: The Senior Manager and Internal Auditor must complete the following courses prior to submitting Internal Audit.

Senior Manager

Email _____

COR™ Essentials

Permanent Full-time Employee assigned as Internal Auditor (4 mandatory courses)

Email _____

COR™ Essentials

COR™ Internal Auditor

Basic Auditing Principles

Introduction to Hazard and Risk Management

STEP 3

Submit Internal Audit for review by IHSA.

CONTACT PERSON

I, _____ will be the primary contact for working with IHSA in the COR™ Program.

TERMS AND CONDITIONS OF PARTICIPATION

- Employers applying to the COR™ program agree to have their company name published on the IHSA website as an applicant to the COR™ program, as progressing to completing the COR™ program, and as having achieved the COR™ certification.
- Employers must appoint a COR™ Coordinator (one permanent full-time person) to fulfill the administrative activities required. Should the person appointed change during the year, IHSA should be advised.
- Employers agree to adhere to the IHSA COR™ program requirements as outlined in the Employer Guidelines.

PARTICIPANT'S CONSENT

I hereby agree to allow the Infrastructure Health & Safety Association (IHSA) to collect, store, and use my name, address, and purchase information in accordance with IHSA's Privacy Policy. I understand that if the personal information compiled by IHSA is incorrect, IHSA will correct the information upon my request and provide me with confirmation. I further understand that if I am not satisfied with the manner in which IHSA handles my personal information, I may contact the Privacy Commissioner for the Province of Ontario.

Signature _____ Date _____

