



MANDATORY CRITERIA – ALL SPECIALTIES

The following checklist must be completed and duly signed indicating corporation's adherence to the mandatory membership criteria for all categories.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The candidate for specialist certification must be and remain a voting member of the Corporation, and be in good standing throughout the duration of the yearly certification period. |
| <input type="checkbox"/> | <input type="checkbox"/> | Attests adherence to the applicable ACCTI Quality Standards. |
| <input type="checkbox"/> | <input type="checkbox"/> | A Member must be a Reputable Firm (as defined below), and provide proof that it has a good credit rating by a recognized reporting agency with no unsatisfied judgments. |
| <input type="checkbox"/> | <input type="checkbox"/> | A Member must put all translators/interpreters through an "on dossier" process of selection whereby the best available professional on file willing to work with such member is chosen. The actual model followed may vary from agency to agency, and while all agencies in principle agree to use translators whose qualifications meet or exceed the Canadian Translation and Interpreter's Council (CTIC) and/or the provincial bodies' current minimum Quality Standards, each member shall use other methods at their discretion to ensure provision of quality translation services. |
| <input type="checkbox"/> | <input type="checkbox"/> | Members must utilize the services of North American translators and/or interpreters for 51% or more of their needs for such services to satisfy customers' requirements. |
| <input type="checkbox"/> | <input type="checkbox"/> | A Member must properly monitor, assess and modify translator/interpreter status based upon performance on an ongoing basis. |
| <input type="checkbox"/> | <input type="checkbox"/> | A Member must ensure that all translators and/or interpreters have signed a contract with the member, or have otherwise expressly agreed to accept the terms and conditions of working with the member. The contract must include clauses outlining the quality of professional services rendered, when the agency issues payments, compliance with individual assignment or purchase order requirements, and translator/interpreter adherence to a professional code of ethics. |
| <input type="checkbox"/> | <input type="checkbox"/> | A Member must indicate which languages said member has provided services for a minimum of five (5) years. Dialects are not applicable. The languages listed must be from amongst the "ACCTI Approved Languages List" which is prepared and revised from time to time by ACCTI. Members providing services in languages not listed may submit a request for inclusion of such language(s) to the "ACCTI Approved Languages Committee". Proof required may include old pay stubs, invoices, and/or application forms. |
| <input type="checkbox"/> | <input type="checkbox"/> | Members may certify having produced translations in accordance to the established quality standard only in their languages of proven proficiency as noted above with one exception. Such member may also attest to having produced translations in up to an additional thirty percent (30%) of those languages in day-to-day operations during the course of the following twelve (12) months. For example, if a member |

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provides services in ten (10) languages at the time of certification, it may certify services rendered in up to an additional three languages.

- Members assume responsibility for the work produced in so far as correcting, at their own expense, any errors in the actual translation or interpretation.
- In complying with all of the applicable terms, the member may consider itself a Certified Member of the applicable designation(s).

I, _____, of _____, hereby acknowledge my firm's
Full name Company Name
compliance to all of the above-listed mandatory criteria for all specialties.

Signed at _____, _____ this _____ of _____,
City Province/Territory day month year

Print - Authorized Signing Officer

Signature - Authorized Signing Officer

Witness

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