



PARTNER APPLICATION

1. All individuals who wish to Partner with and gain access to corresponding Partnership Opportunities with A Poetic Health, including access to materials and authorization to administer Certification Examinations on behalf of A Poetic Health **must** complete this form.
2. Individuals who are not eligible for Partner distinction include but are not limited to: those under 19 years of age, family members or relations of examinees; individuals who will need to take certification with A Poetic Health within the next 6 months.

This completed form must be returned with **all of the following information** in order to be approved and begin utilizing A Poetic Health's Materials and Training Program.

- Form A – Eligibility, Information & Names.** Documentation supporting your eligibility, which can include verification of the following: Company/Organization/School/Entity from which you are applying and to which you are associated. This can be confirmation via employment/role or job title, business email address, department, or team to which you belong, and business phone number. Full Legal Names of person(s) authorized to represent the Partner are required. Representatives or authorized person(s) should be extracted from your Leadership/Admin/Supervisory team. Note: Teachers/educators of a school will fall under Supervisory Team. All representative names will be uploaded into A Poetic Health's Database. These persons will be those authorized to Proctor and certify groups/individuals on our behalf. All correspondence and request for materials will be done by those indicated. Note: Representative information can be updated as required. If someone is no longer a part of your organization/team, it is the responsibility of our Partners to notify A Poetic Health of this change so A Poetic Health can rescind their privileges and access to materials, and so you may authorize someone in their stead to maintain Partner benefits.

Examples:

A) A school may decide it would like to incorporate training as a curriculum linked activity. Those teachers who teach relevant courses for which they would like to include training/certification will need to be listed. They are the reps for that school and will have access to partnership opportunities and benefits.

B) Organizations or Companies may enlist someone from their Health and Safety or another senior/managerial/supervisory team as representative. This person(s) will be named and be responsible for organizing training for participants. All materials will be provided and authorized for use by the authorized representative(s).

- Form B - Mutual Non-Disclosure & Confidentiality Examination Protocol (signed & dated by selected Representative(s))

You may scan and send your completed forms and supporting documentation to info@apoetichealth.com with the Subject Heading "Partner Solution Application Form".

Once your application has been reviewed you will be contacted for further information (if required) and/or notified of the results of this application.



Eligibility Information & Names (FORM A)

Please complete the following Information. Your Representatives must be affiliated with your organization/institution/Company and must be part of an admin/leadership or Supervisory/Managerial team. For schools, teachers for whom you would like as your Reps should be listed. You may have up to 5. Department heads are also possible.

Organization/Institution/Company/Entity Name: _____

Mailing Address: _____

General Phone Number: _____

Rep 1 Name _____ Title _____ Email/Ph: _____

Rep 2 Name _____ Title _____ Email/Ph _____

Rep 3 Name _____ Title _____ Email/Ph _____

Rep 4 Name _____ Title _____ Email/Ph _____

Rep 5 Name _____ Title _____ Email/Ph _____

By completing and signing this Partnership application, I acknowledge that I meet the requirements and have read and understand A Poetic Health's Partnership Capacity, access and ethical and confidential use of A Poetic Health's materials and Joint Examination Protocol. I agree to abide by the rules and procedures outlined in the Protocol as well as confidential and ethical use of all material for the purpose they are intended and in conjunction with the organization/institution/company/Representative(s) herein, to which partnership and rights are granted, unless permitted otherwise. I understand that all components and materials are the property of a Poetic Health and must remain used only in conjunction with A Poetic Health and must not be tampered or altered. I understand that A Poetic Health reserves the right not to approve this application or revoke my proctor privileges at any time should there be a breach in ethical and confidential use and/or distribution of materials. Please ensure all selected and authorized parties sign and date below prior to returning.

SIGNATURE Rep 1

DATE

SIGNATURE Rep 2

DATE

SIGNATURE Rep 3

DATE

SIGNATURE Rep 4

DATE

SIGNATURE Rep 5

DATE

A Poetic Health
1509 – 35 Brian Peck Cres.
Toronto, ON
M4G 0A5

Ph: 416-998-1872
E: info@apoetichealth.com



MUTUAL NON-DISCLOSURE AND CONFIDENTIALITY AGREEMENT (FORM B)

This Mutual Nondisclosure and Confidentiality Agreement (hereafter "Agreement") is made this _____ day of _____, 20____, by and between A Poetic Health and _____ (Partner Business Name), inclusive of all named representatives, and is as follows:

Copies of exams, study manuals, and all written and e-learning content, whether via e-link, shared document, or hardcopy are property of A Poetic Health, who is granting application for use and incorporation into training programs and curriculum by the authorized party(s) mentioned above. Exams (electronic and hardcopy), manuals, learning content, and examination results are considered privileged and strictly confidential information.

All authorized partners and their designated representatives will hold all written materials (including training and study materials and manuals, exams, and all exam questions in strictest confidentiality and will not divulge the questions in the question bank or answers to anyone. All parties agree to follow protocol for administering examinations. No examination results should be released to anyone other than the participant to whom it belongs, the representative of the sponsoring organization for distribution to examinee, or a health department official in the jurisdiction of the individual candidate, if so requested and applicable. The Partner and representative(s) will be held liable for any breach of this Agreement.

If examinees require special arrangement due to special needs or modified learning requirements, the Partner or Partner Representative must notify A Poetic Health, and gain consent. All information gathered on examinees requiring special arrangements and accommodations in accordance with the Government of Canada Disability Agenda will be considered proprietary and confidential information. This includes information on individuals who assist candidates with special needs. A Poetic Health shall not disclose to any person other than the authorized Representative any confidential information on examinees needing special accommodations.

A Poetic Health and the Partner Organization/Institution/Company/Representative(s) agree to exercise reasonable diligence in maintaining all confidential information. No modifications to exams or materials are permitted. If a Partner or its Representative(s) is found to modify or alter materials or disclose exams in any way, for which consent has not been given, A Poetic Health has the right to terminate Partnership, and seize all benefits received by partners. In the above circumstance, certifications granted to participants for whom modifications, alterations, or divulgence of exam questions and/or answers were made, examinations of the corresponding test taker(s) will be disqualified and if awarded, their certificate rescinded. This Agreement will remain in full force and effect for a period of 10 years from the date of signing. It is the responsibility of the Partner to inform A Poetic Health if Named representatives have changed and if a name is to be omitted or replaced.

(Rep 1) Signature _____

Date _____

(Rep 2) Signature _____

Date _____

(Rep 3) Signature _____

Date _____

(Rep 4) Signature _____

Date _____

(Rep 5) Signature _____

Date _____

Partner Authorization Lead _____

Date _____