Equivalency Assessment for MAP

Following the redevelopment of the AMCTO Municipal Administration Program (MAP), the AMCTO Board of Directors, approved the granting of exemptions for any Unit of MAP to graduates of relevant courses of study from accredited Canadian universities.

If you are an individual who has graduated within 5 years from a public policy or public administration program at an accredited Canadian University, you may be eligible to apply for equivalency exemption from one or all of the four relevant Units of the MAP course.

**NOTE:** AMCTO will only consider and assess MAP equivalency applications for AMCTO Members who are applying to pursue AMCTO’s Accreditation programs (CMO or AMP), and/or individuals who are currently enrolled in, and taking other elements of the AMCTO Diploma in Municipal Administration (DMA) – AMCTO membership is not required for the DMA.

**Assessment Processing**

First begin by reviewing the detailed course descriptions/outlines located on the AMCTO website for the specific Unit(s) of the MAP course. Then, compare them to the curriculum of your related Canadian University degree. By reviewing these MAP course Unit descriptions/outlines and comparing them to your previous study, you should be able to determine whether or not it is feasible to apply for equivalency for any or all of the 4 Units of MAP.

Once you have determined the relevance between your completed university program of study and the specific Unit(s) of the MAP course, submit the form (page two of this document), along with:

1. *An official transcript from the university
2. The detailed course outline of the relevant university program, and
3. Identify the specific MAP Unit(s) for which to be considered for equivalency.

*A minimum grade of "C-" (60%) is required for a course seeking equivalency and you must have graduated from the university program within 5 years of the date of enrollment into the DMA.

Photocopies, fax or email versions not accepted. Only original documents will be considered. Send your complete Equivalency Application package by registered mail to the attention of:

Andy Koopmans, Executive Director
AMCTO
610-2680 Skymark Avenue
Mississauga, ON L4W 5L6

In some situations, additional documentation may be requested.

Inquiries regarding the MAP equivalency assessment should be directed to the AMCTO Executive Director, Andy Koopmans.
Personal Information

AMCTO ID Number: ____________________
Name: ____________________________________ Municipality/Organization: ____________________________________________
Title: ____________________________________ The following address is my: Business □ Residence □

Please provide a complete address:
Street Name/Number: _________________________________________ City: ________________ Postal Code: __________
Business Phone:  __________________________ Extension: _______________ Business Fax: _______________________
Home Phone: _________________________________ E-Mail: ______________________________________________________

Identify the course being sought for equivalency:

<table>
<thead>
<tr>
<th>Municipal Administration Program (MAP)</th>
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<tbody>
<tr>
<td>MAP Unit 1 □</td>
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<tr>
<td>MAP Unit 2 □</td>
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<td>MAP Unit 3 □</td>
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<td>MAP Unit 4 □</td>
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Check the box that indicates why you are seeking MAP Equivalency:

☐ I am currently enrolled in the DMA and taking other elements of the DMA

☐ I am an AMCTO member pursuing the CMO or AMP Accreditation

1. Must have graduated from a public policy or public administration program at an accredited Canadian university.
2. Review AMCTO’s MAP unit descriptions and include the detailed course outline of your relevant university program with your application.
3. Provide the official university transcript with your application.

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Andy Koopmans, Executive Director
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610-2680 Skymark Avenue
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An administrative fee of $84.75 (includes HST) must accompany this form.

AMCTO only accepts VISA or MASTERCARD
Name of Cardholder: _________________________________________________
Card Number: _____________________________________________________
Expiration date: ___________ Amount: __________________
Signature: ________________________________________________________

OR

Please complete the form and mail payment by cheque to:
AMCTO
610-2680 Skymark Avenue
Mississauga, ON L4W 5L6

Personal Information Protection Policy: This personal information, which you may provide to us, is used only for internal purposes to process your registration fee payment and to contact you or to distribute AMCTO-related materials to you, in the event that you have identified this personal contact information as your preferred means of contact. Further information about this policy is available on the AMCTO website at www.amcto.com.

No Refunds are available for Exemption Application Submissions.