

CWBi Acorn Form AP1.1

Acorn Certified Provider (ACEP) Application

Submit To:
acorn@cwbgroup.org

This form is used to make a formal request to provide Acorn training material as an Acorn Certified Education Provider (ACEP).

This application does not grant immediate ACEP status, or the right to access or use of Acorn training material. Applicants may require an audit of their welding facilities and/or their welding instructors assessed by CWB Group staff to determine welding competency. The outcomes of the audit and assessments will determine the type(s) Acorn programs that may be delivered.

Rules of operation are contained in the licensing agreement.

CWB Group reserves right to limit the use of their Acorn material to only those who they deem competent to deliver it.

Section 1 - Applicant Details

- School Board Application (ACEP) *(please provide a copy of Section 3 for each school where Acorn will be delivered)*
- School Application (ACEP)

Section 1A - Primary Contact Details

Please provide the following:

Institute Name _____

Address Street & # _____ City _____ Province _____ Postal Code _____

Signatory Name* _____ Title _____

Signatory Phone _____

Signatory Email _____

Best time to contact _____

Billing Name _____

Billing Phone _____

Billing Email _____

**Must have authority to bind the organization.*

Note: Please provide a completed copy of Form AP2.1 for each instructor who will require an Acorn account.

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Section 1B - Type of Institution

- | | |
|---|--|
| <input type="checkbox"/> High School (outside Canada) | <input type="checkbox"/> Business, type of Business: _____ |
| <input type="checkbox"/> Public Post Secondary | <input type="checkbox"/> Union, please specify: _____ |
| <input type="checkbox"/> Private for Profit (career college/testing center) | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> CWB accredited test centre | |
| <input type="checkbox"/> Provincially accredited career college | |

Section 1C - Client Capture Area

What is the general geographic capture area for the institution:

- Supports full-time enrollment
- Supports part-time enrollment
- Supports adult/continuing education
- Supports Indigenous communities
- Focused on trade education
- Language of instruction - English
- Language of instruction - French Only

Section 2 - Application For:

- Acorn Welding Program(s): (for ACEP's)
 - 1A1 Acorn Welder Pre-employment Structural
 - 1A2 Acorn Welder Pre-employment Pressure/ Pipe
 - 1AX Acorn Welder Pre-employment Structural & Pressure/ Pipe
 - 1AH Acorn Welder High School
- Acorn Metal Fabricator Program(s): (for ACEP's)
 - 1C1 Acorn Metal Fabricator, Pre-employment
 - 1CH Acorn Metal Fabricator, High School
 - 1B1 Welder/ Metal Fabricator, Pre-employment (combines 1AX + 1C1)
- 2A5 Acorn Red Seal Program(s): (for ACEP's)
- Acorn Welding Engineering Program(s): (for ACEP's)
 - 4F1 Welding Engineering - Metallurgy
 - 4F2 Welding Engineering - Connection Design
 - 4F3 Welding Engineering - Failure Analysis

For a complete list of all of our course and program offerings, please see the Acorn catalog.

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Section 3 - Application Details

Note: If this is a school board application please provide a copy of this section for each school/center that will deliver Acorn:

Institute Name _____
Address Street & # _____ City _____ Province _____ Postal Code _____
Name of School _____
School Address _____ City _____ Province _____ Postal Code _____
Contact Name _____
Contact Phone _____
Contact Email _____

Section 3A – Course details/ logistics

- Acorn content will be offered as a full course
- Acorn content will be used within or as part of an EXISTING welding course
- Acorn content will be used within or as part of a NEW welding course

Please provide a brief outline of the course to which Acorn content will be included in:

Length of course (weeks, class length) _____
Number of classes per year (estimate) _____
Number of student per class (estimated class size) _____
Ideal/ anticipated date for first class _____

Classes will be offered as:

- Full-time (full or half semester)
- Continuous Intake
- Part-time
- Part of an apprentice program
- Evening / weekends
- On-line learning only (i.e. theory taken on-line, no practical or in-class exercises)

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(Please indicate all amenities that apply to your institution)

Section 3B – General Capabilities

- Dedicated classroom space
- Dedicated welding shop
- Welding shop shared within another shop space
- In-school online learning support (computers accessible in-class, or in a separate lab/ library)
- “Front of class” AV support (equipment to display PowerPoint’s, computer files, etc.)
- On-site Bookstore for course supplies
- On-line Invigillation Centre

Section 3B - School Welding Capabilities

(Please indicate if the school has the following capabilities, this will be used to identify Acorn course capabilities and will be verified during site audit)

- Welding safety equipment provided to students (helmets, gloves, etc)
number of sets _____
- Welding safety equipment is provide by students
- Welding ventilation provided within shop environment
- Welding booth(s) – number of booths _____
- Cutting Torches (Oxy-fuel and or Plasma Arc) – number of torches _____
- Gas Metal Arc Welding equipment (GMAW, MIG) – number of machines _____
- Flux-cored Arc Welding equipment (FCAW) – number of machines _____
- Shielded Metal Arc Welding (SMAW) – number of machines _____
- Gas Tungsten Arc Welding (GTAW, TIG) – number of machines _____
- Submerged Arc Welding (SAW) - number of machines _____
- Electric Resistance Welding - number of machines _____
- Metal cutting/forming equipment
- Electrode oven
- Associated hand and power tools
- Please list any Metal Fabrication equipment.

Applicant Signature

Date MM/DD/YYYY

For CWB Use Only

- All relevant sections complete
- Personnel designated
- Resumes received

Signature

Date MM/DD/YYYY

Please submit the signed copy to the CWB via email: acorn@cwbgroup.org. Retain a copy for your file.