



Contract Date: _____

The following constitutes an official contract between the parties as described herein for a CBTF sanctioned SDP Examination Day.

EXAMINATION INFORMATION

TYPE OF ADJUDICATION (CHECK): ☐ Live/In-Person ☐ Video Conference ☐ Video Submission

DATE(S): _____ TIME: _____

LOCATION: _____

ADJUDICATOR'S INFORMATION

NAME: _____

ADDRESS: _____ CITY/PROVINCE: _____

POSTAL CODE: _____ PHONE (H): _____ CBTF # _____

E-MAIL: _____

EVENT DIRECTOR'S INFORMATION

NAME: _____ HOST ORGANIZATION: _____

ADDRESS: _____ CITY/PROVINCE: _____

POSTAL CODE: _____ PHONE (H): _____

E-MAIL: _____

TERMS AND CONDITIONS

The Host Organization agrees to pay the following fees and expenses (check all that apply):

ESTIMATED ADJUDICATOR FEES*

☐ Live Adjudication (In-Person or Video Conference) \$ 16.00 per hour x _____ Hours = \$ _____

☐ Asynchronous (Video Submission) \$ 6.00 per exam x _____ Exams = \$ _____

TRANSPORTATION

☐ Car Mileage[†] \$0.46 per km x _____ Kms = \$ _____

☐ Not required

MEAL ARRANGEMENTS

☐ Meals arranged by Event Director (specify):

↪ Adjudicator to indicate medically necessary dietary restrictions:

☐ CBTF Per Diem _____ x \$15 for breakfast + _____ x \$15 for lunch + _____ + \$25 for dinner = \$ _____

☐ Receipt Required ☐ Receipt Not Required

☐ Meals not required

TOTAL ESTIMATED FEES AND EXPENSES = \$

PAYMENT ARRANGEMENTS

Timing of Payment: ☐ At the conclusion of testing day ☐ Within _____ (#) of days following the conclusion of the testing day (Check) ☐ Upon receipt of evaluation forms and master summary

Method of Payment: ☐ Cash ☐ Cheque ☐ E-transfer

SIGNATURES

I agree to conduct the Skills Development Adjudication as per the details listed on this contract.

Adjudicator's Signature _____ Date: _____

Event Director's Signature _____ Date: _____

Adjudicator to sign and return one copy of the contract no later than: _____

* Estimation only. Final contracted fees calculated at conclusion of event.

† As calculated by MapQuest, per CBTF policy