

ASSOCIATION OF ADMINISTRATIVE PROFESSIONALS ASSOCIATION DES PROFESSIONNELS DE L'ADMINISTRATION

Core Competency Verification Form

Applicant's Name		
Verifying Professional's Contact Infor	mation	
Name		
Title		
Company Name		
Address		
City, Province, Postal Code		
Phone No.		
Email		_
In accordance with the requirements of the Qua the Association of Administrative Assistants, the management position, either with a current emp applicant has demonstrated expertise in at lea	ne demonstration of obloyer or a previous of	core competencies must be verified by someone in a cone. It must also be confirmed that the QAA
	npetencies to	b be Verified of by the QAA candidate.
Business Management ☐ Financial/accounting/budgets ☐ Project/event management ☐ File and information management ☐ Research, analytical, critical thinking, problem solving ☐ Meeting coordination (all aspects)	□ H □ P □ T and □ R □ T □ L	dership/Organizational Skills Iuman resources rofessionalism Time management/prioritizing teliable and dependable feam player eadership/management skills Confidentiality
Technology ☐ Computer skills (Office, spreadsheets, ☐ Internet research ☐ Live meeting/Skype ☐ Other research expertise ☐ Social media ☐ Website management ☐ Electronic calendar/scheduling	etc.)	munications/Interpersonal Skills eport/proposal writing ublic relations tusiness communications (oral and written) mail protocol resentations hterpersonal communications expertise to haintain successful professional relationships
The undersigned verifies that the QAA candida	te demonstrates the o	core competencies checked above.
Verifier Name (please print)	/erifier Signature	Date