

Certificate Application Form

* Indicates required question

Certificate Application Form



Last name *

First name *

Email address *

Institutional affiliation *

Career stage (Choose which best applies) *

Mark only one oval.

- Undergraduate
- Graduate student (master's)
- Graduate student (PhD)
- Postdoctoral fellow
- Tenure-track or tenured
- Full time employee outside higher education
- Alt-act (alternative academic career)
- Other: _____

Are you currently seeking new or different employment?

Mark only one oval.

- Yes
- No

Optional: what is your ORCID? (optional)

Are you a Canadian citizen or permanent resident? (Note: you do not have to be a citizen or permanent resident to earn the certificate)

Mark only one oval.

- Yes
- No

Workshop Hours

Please confirm your certificate eligibility (Note: the answer "Yes" must be true for all of the following statements in order for you to be eligible to apply).

I have completed 100 hours of workshops within the last five years (earliest end date: 2023) *

Mark only one oval.

Yes

No

Of these 100 hours, I have completed at least 60 hours of in-depth workshops (individual workshops with a minimum duration of 20 hours). *

Mark only one oval.

Yes

No

Of these 100 hours, I have completed 60 hours of workshops at Canadian institutions (virtually or in-person) *

Mark only one oval.

Yes

No

I declare that none of these workshops were or will be counted as credit towards *
a degree

Mark only one oval.

Yes

No

Workshop Details

In the following sections you will be asked to provide details on each completed workshop.
Please skip over unneeded space as necessary. If more space is required, please contact us
at digitalhumanites@stfx.ca

Workshop 1 Details

1. Workshop name

1. Organization name

1. Instructor name(s)

1. Workshop date (month/year completed)

1. Workshop length (in hours)

Workshop 2 Details

2. Workshop name

2. Organization name

2. Instructor name(s) [if known]

2. Workshop Date (month/year completed)

2. Workshop length (in hours)

Workshop 3 Details

3. Workshop name

3. Organization name

3. Instructor name(s) [if known]

3. Workshop date (month/year completed)

3. Workshop length (in hours)

Workshop 4 Details

4. Workshop name

4. Organization name

4. Instructor name(s) [if known]

4. Workshop date (month/year completed)

4. Workshop length (in hours)

Workshop 5 Details

5. Workshop name

5. Organization name

5. Instructor name(s) [if known]

5. Workshop date (month/year completed)

5. Workshop length (in hours)

Workshop 6 Details

6. Workshop name

6. Organization name

6. Instructor name(s) [if known]

6. Workshop date (month/year completed)

6. Workshop length (in hours).

Workshop 7 Details

7. Workshop name

7. Organization name

7. Instructor name(s) [if known]

7. Workshop date (month/year completed)

7. Workshop length (in hours)

Workshop 8 Details

8. Workshop name

8. Organization name

8. Instructor name(s) [if known]

8. Workshop date (month/year completed)

8. Workshop length (in hours)

Workshop 9 Details

9. Workshop name

9. Organization name

9. Instructor name(s) [if known]

9. Workshop date (month/year completed)

9. Workshop length (in hours)

Workshop 10 Details

10. Workshop name

10. Organization name

10. Instructor name(s) [if known]

10. Workshop date (month/year completed)

10. Workshop length (in hours)

Workshop 11 Details

11. Workshop name

11. Organization name

11. Instructor name(s) [if known]

11. Workshop date (month/year completed)

11. Workshop length (in hours)

Workshop 12 Details

12. Workshop name

12. Organization name

12. Instructor name(s) [if known]

12. Workshop date (month/year completed)

12. Workshop length (in hours)

Workshop 13 Details

13. Workshop name

13. Organization name

13. Instructor name(s) [if known]

13. Workshop date (month/year completed)

13. Workshop length (in hours)

Workshop 14 Details

14. Workshop name

14. Organization name

14. Instructor name(s) [if known]

14. Workshop date (month/year completed)

14. Workshop length (in hours)

Workshop 15 Details

15. Workshop name

15. Organization name

15. Instructor name(s) [if known]

15. Workshop date (month/year completed)

15. Workshop length (in hours)

Workshop 16 Details

16. Workshop name

16. Organization name

16. Instructor name(s) [if known]

16. Workshop date (month/year completed)

16. Workshop length (in hours)

Workshop 17 Details

17. Workshop name

17. Organization name

17. Instructor name(s) [if known]

17. Workshop date (month/year completed)

17. Workshop length (in hours)

Workshop 18 Details

18. Workshop name

18. Organization name

18. Instructor name(s) [if known]

18. Workshop date (month/year completed)

18. Workshop length (in hours)

Workshop 19 Details

19. Workshop name

19. Organization name

19. Instructor name(s) [if known]

19. Workshop date (month/year completed)

19. Workshop length (in hours)

Workshop 20 Details

20. Workshop name

20. Organization name

20. Instructor name(s) [if known]

20. Workshop date (month/year completed)

20. Workshop length (in hours)

Information Sharing Consent

I consent to have this information shared with the cc:DH/HN team and consent that cc:DH/HN team members can confirm my participation in the workshops listed in this application. *

Mark only one oval.

Yes

No

I would like to have my name listed on the cc:DH/HN website as a "certificate earner" *

Mark only one oval.

Yes

No

Supporting Documents Information (In-depth Workshops Only)

You must confirm the completion of workshops that were 20 hours or more in length by providing supporting documents. This may include a copy of your certificate of completion, or images of publicly listed participant lists (e.g., as listed in the [DHSI course archive](#)). If you require proof of completion, please contact the organization's liaison (liaison contact information may be found [here](#)).

*Please indicate the workshop number (as entered above) that corresponds with each included document.

All documents should be scanned and saved in a **single PDF document**. Please upload the single PDF document below.

Please upload your supporting documents PDF file.

Please name your file using the following format:

Last Name_First Name_Month Day Year

Files submitted:

Application Submission Statement

By submitting my application I certify that my answers are true and complete to the best of my knowledge.

*

Mark only one oval.

I agree

I disagree