



## Prior Learning Assessment and Recognition (PLAR) for BAKG1001 – The Baking Professional

### Required Evidence

This section provides information on the evidence that a student must complete and submit to request PLAR credits for this course. To request PLAR credits for this course, please submit a copy of the [PLAR credit request form](#) and the required evidence to [transfer@nait.ca](mailto:transfer@nait.ca).

Learning Outcomes	Required Evidence
<b>Learning Outcome 1:</b> Demonstrate professional decorum.	Please submit all of the following: <ul style="list-style-type: none"><li>• A copy of your resume, including industry-relevant employment experience</li><li>• A copy of your journeyman or Red Seal certificate</li><li>• Employment Validation Letter (see appendix A)</li><li>• Employment Validation Checklist (see appendix B)</li></ul>
<b>Learning Outcome 2:</b> Perform trade-related calculations.	
<b>Learning Outcome 3:</b> Respond to various communication scenarios.	

## Appendix A: Employment Validation Letter Template

Instructions: The employment validation letter verifies that the student has completed relevant experience to the course(s) being challenged through PLAR. The experience validation letter must be printed on letterhead of the employer and signed by the human resources department indicating the length of experience.

Date

To Whom It May Concern:

I have reviewed the employment records of \_\_\_\_\_ and I can verify that the above  
*Name of employee/candidate*

candidate has been employed by \_\_\_\_\_ for \_\_\_\_\_. Please  
*Name of employer* *Length of experience*

contact me at \_\_\_\_\_ or \_\_\_\_\_ with any questions or for  
*Phone* *Email*

additional information.

Sincerely,

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Job Title*

\_\_\_\_\_  
*Signature*

## Appendix B: Employment Validation Checklist

Baking & Pastry Arts  
BAKG1001 – The Baking Professional

Name: \_\_\_\_\_  
Student ID: \_\_\_\_\_  
Date: \_\_\_\_\_

**Directions:** On the following page(s) there is a list of skill and knowledge factors that the employee is required to achieve in completing the course. Please validate the employee/candidate’s performance by placing a ✓ in the appropriate column. Add any clarifications/observations in the “Optional Comments” section. Sign and date below.

<b>Mastery:</b> The employee is able to demonstrate it well enough to teach it to someone else. <b>Competent:</b> The employee can work independently to apply the outcome. <b>Functional:</b> The employee needs some assistance in using the outcome. <b>Learning:</b> The employee is developing skills and knowledge for this area. <b>None:</b> The employee has no experience with the outcome.	Mastery	Competent	Functional	Learning	None
<b>Learning Outcome 1:</b> Demonstrate professional decorum. Positive focus of customer service. Displays professionalism through industry appropriate appearance and professional behavior.					
<b>Learning Outcome 2:</b> Perform trade-related calculations. The candidate is able to demonstrate their knowledge of trade-related calculations, consistent to industry standard measuring requirements for baking.					
<b>Learning Outcome 3:</b> Respond to various communication scenarios. <ul style="list-style-type: none"> <li>• Demonstrate a positive professional attitude through verbal communications</li> <li>• Communicate effectively through respectful conversations</li> <li>• Display or represent the ability to work effectively within a team environment.</li> </ul>					

**Note:** The employer/ supervisor may be contacted by the NAIT assessor to confirm/clarify information provided.

**Additional Comments**

## Employee Information

Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Employment description: Full-time hours per week: \_\_\_\_\_

Part-time hours per week: \_\_\_\_\_

Position(s) held \_\_\_\_\_

## Student Confirmation

Name: \_\_\_\_\_

I affirm that I am the person who has performed the items on this checklist. I acknowledge that the performance checklists used are solely for the purpose of PLAR credits assessment and are not intended to replace or modify company operating or safety procedures, and may not be appropriate for use in all circumstances.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Employer Confirmation

Student Name: \_\_\_\_\_

Organization: \_\_\_\_\_

I affirm that I am the person who has administered this checklist, and that I have conducted this candidate's skills assessment with integrity. I also affirm that the above-named student is the person whose performance I evaluated, and they performed the checked tasks at the indicated level without assistance from me or any other person.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_