



## Appendix A

### APPLICATION FOR APPROVAL OF SPONSORS OF CONTINUING EDUCATION PROGRAMMES

Name of Sponsor:

Address:

E-mail Address:

Phone Number:

Administrator of the Continuing Educations Programme: (The curriculum vitae of the administrator should be appended).

Provide a brief overall description of the continuing education programmes, including description of their history, objectives, targeted audiences, and organization.

Attach a description of each of continuing education activity offered in the last year. Include the following information:

1. Title of continuing education activity.
2. Instructional personnel and their qualifications and backgrounds. Please include curriculum vitae of instructors.
3. Length of the continuing education activity, including number of direct hours.
4. Learning objectives of the activity.
5. Outline of the material covered.
6. Number and type of participant (number of psychologists, students, nonpsychologists).
7. Evaluation of the continuing education activity (attach evaluation form, if available).

Attach a likely or proposed schedule of continuing education activities to be offered in the next 12 months.

Please submit 2 copies of this form and all supporting documentation, along with the

1-5 annual activities	\$300.00 + GST/HST
6-10 annual activities	\$400.00 + GST/HST
11 or more annual activities	\$500.00 + GST/HST

application fee to:

Canadian Psychological Association  
141 Laurier Avenue West, Suite 702  
Ottawa, ON K1P 5J3

CANADIAN  
PSYCHOLOGICAL  
ASSOCIATION



SOCIÉTÉ  
CANADIENNE  
DE PSYCHOLOGIE

## Appendix B

### APPLICATION FOR APPROVAL OF A CONTINUING EDUCATION ACTIVITY

Name of Sponsor:

Address:

E-mail Address:

Phone Number:

Administrator or Contact Person:

Title of Seminar or Workshop:

Date of Activity:

Location of Activity:

Length of Activity, including number of direct hours and proposed number of CE credits:

Instructional personnel and their qualifications and backgrounds (include CVs):

Learning objectives of the Activity:

Outline of the material to be covered:

Description of the intended participants (Attach brochure):

How will the activity be evaluated in terms of meeting the learning objectives? (Attach evaluation form.)

Please submit 2 copies of this form and all supporting documentation, along with the

Application fee for providers of a single CE activity

\$200.00 + GST/HST

application fee to:

Canadian Psychological Association  
141 Laurier Avenue West, Suite 702  
Ottawa, ON K1P 5J3

141, avenue Laurier Avenue West, Ottawa, Ontario K1P 5J3  
Tel: (613) 237-2144 Fax: (613) 237-1674  
[www.cpa.ca](http://www.cpa.ca)



## Appendix C

### ANNUAL REPORT APPROVED SPONSORS OF CONTINUING EDUCATION PROGRAMME

Sponsor:

Address:

E-mail address:

Phone Number:

Attach a description of each continuing education activity offered in the past year. Please include the following information:

1. Title of continuing education activity.
2. Instructional personnel and their qualifications and backgrounds. Please include curriculum vitae of instructors.
3. Length of the continuing education activity, including number of direct hours.
4. Learning objectives of the activity.
5. Outline of the material covered.
6. Number and type of participant (number of psychologists, students, nonpsychologists.)
7. Evaluation of the continuing education activity (attach evaluation form, if available).

Attach a likely or proposed schedule of continuing education activities to be offered in the next 12 months.

Provide an overview of problems encountered and managed in the past year and plans for the next 12 months.

Please submit 2 copies of this form and all supporting documentation, along with the

Annual fee	1-5 annual activities	\$200.00 + GST/HST
	6-10 annual activities	\$250.00 + GST/HST
	11 or more annual activities	\$300.00 + GST/HST

annual fee by December 31<sup>st</sup> of each calendar year to:

Canadian Psychological Association  
141 Laurier Avenue West, Suite 702  
Ottawa, ON K1P 5J3