
# **Appendix B – PROVIDER**

**APPLICATION FOR APPROVAL OF A SINGLE**

**CONTINUING EDUCATION ACTIVITY**

1. Date of application:
2. Name of individual, group, or organization:
3. Mailing address:
4. E-mail address:
5. Phone number:
6. Administrator or contact person:
7. Consulting psychologist(s), their CV(s), and their role in the continuing education program (required for individual applicants and groups/organizations owned and operated by one psychologist):
8. Title of continuing education activity:
9. Date(s) of activity:
10. Location of activity:
11. Schedule for the continuing education activity, including number of CE credits proposed (please note additional participant attendance monitoring requirements for concurrent conference sessions and activities not offered in-person in [Standards, Criteria, and Procedures](https://cpa.ca/professionaldevelopment/application/)):
12. Instructional personnel and their qualifications and backgrounds; **must** include CVs of all instructors:
13. If applicable, all individuals involved in planning or organizing the activity (e.g., conference organizing committee). Please indicate the role of psychologists in planning, organizing, or reviewing content of the activity. CVs **must** be included with this application.
14. Declaration of any conflicts of interest (or absence thereof) on behalf of presenters, organizers, consultants, or others involved in the CE activity:
15. Learning objectives of the activity:
16. Outline of the material to be covered:
17. Statement acknowledging content’s adherence to the ethical standards of the [*Canadian Code of Ethics for Psychologists*](https://cpa.ca/aboutcpa/committees/ethics/codeofethics/):
18. Brochure, website link, or other promotional materials; please indicate where statement in Section III, Note 1 of [Standards, Criteria, and Procedures](https://cpa.ca/professionaldevelopment/application/) will appear (full statement **must** appear in promotional materials):
19. Description of the intended participants, noting educational/professional requirements:
20. Description of how self-assessed and/or achieved learning will be evaluated; please include evaluation materials (please note additional evaluation requirements for activities not offered in-person in [Standards, Criteria, and Procedures](https://cpa.ca/professionaldevelopment/application/)):
21. Evaluation form for the activity (**must** address all items listed in Section IV.III.2 of [Standards, Criteria, and Procedures](https://cpa.ca/professionaldevelopment/application/)):

Please submit this form, all supporting documentation, and the **application fee** of **$250+GST/HST** (can be paid by cheque, Visa, or Mastercard; taxes apply for all Canadian organizations) to:

*By post:* *By email:* education@cpa.ca

Continuing Education Office

Canadian Psychological Association *By fax:* (613) 237-1674

141 Laurier Avenue West, Suite 702

Ottawa, ON K1P 5J3 *By phone (Visa or Mastercard payments):*

(613) 237-2144 x.331