



APPLICATION FOR ACCREDITATION OF A CONTINUING EDUCATION (CE) ACTIVITY

Date of Application: _____

Name of Organization: _____

Administrator or Contact Person: _____

Mailing Address:

City: _____ Postal Code: _____

Tel: _____ Fax: _____ E-mail: _____

The following information is required:

- a. Title of activity
- b. Date(s) and location
- c. Duration (including number of direct CE hours proposed)
- d. Names of instructors, and their qualifications and experience (attach CVs for all instructors).
- e. The role of psychologist(s) in the planning and delivery of the CE program.
- f. Learning objectives
- g. Agenda or outline of the material to be covered (attach brochure if available.)
- h. Description of intended participants, including educational/professional requirements
- i. Evaluation process (attach evaluation form).

Please submit this form, all supporting documentation, and the **application fee of \$200 (per workshop) plus HST:**

by cheque to: Ontario Psychological Association
21 St. Clair Avenue East, Suite 403
Toronto, ON M4T 1L8