



APPLICATION FOR ACCREDITATION OF A CONTINUING EDUCATION (CE) ACTIVITY

Date of Application: _____

Name of Organization: _____

Administrator or Contact Person: _____

Tel: _____ E-mail: _____

The following information is required:

1. Title of activity
2. Date(s) and location
3. Duration (including number of direct CE hours proposed)
4. Names of instructors, and their qualifications and experience (attach CVs for all instructors).
5. The role of psychologist(s) in the planning and delivery of the CE program.
6. Learning objectives
7. Agenda or outline of the material to be covered (attach brochure if available.)
8. Description of intended participants, including educational/professional requirements
9. Evaluation process (attach evaluation form).
- 10. List a few references upon which your talk is based**

Please submit this form, all supporting documentation to jamie@psych.on.ca.

The **application fee of \$200 (per program) plus HST**, may be sent by e-transfer to membership@psych.on.ca or cheque to :

Ontario Psychological Association
PO Box 42507 EASTOWN CENTRE PO
Toronto, ON M1K 5K2