

Continuing Professional Competencies Program Organization/Group Application for Approval of Professional Development Hours

This form is to be used by **organizations or groups** who wish to have Professional Development Hours (PDHs) assigned to planned or offered educational sessions, seminars, workshops, conferences or similar opportunities.

ORGANIZATION INFORMATION	
Name of Organization:	
Contact Person:	
Title/Position:	
Mailing Address:	
City:	
Country:	Postal Code:
Email:	
Tel:	Fax:

DETAILS
<i>Please provide a description of the educational opportunity including title/theme and estimated total number of Professional Development Hours (PDHs) to be allotted. Use additional sheets if more space is required. Attach and/or include an agenda, syllabus or outline if possible.</i>

COMMENTS
<i>How does/will the course/event augment the practice of Environmental Public Health Professionals?</i>

Applicants Signature _____ Date _____

Completed forms can be emailed to cpcprogram@ciphi.ca or via fax to CIPHI's Council of Professional Experience (CoPE) at (604) 738-4080.

For Office Use Only	
This request for approval of PDHs has been reviewed by CoPE and has been	
<input type="checkbox"/> Approved for _____ PDHs <input type="checkbox"/> Not Approved (Reason: _____)	
CoPE Chairperson _____	Date _____
<i>CoPE shall keep all information provided on this application in confidence.</i>	